

RPMS Behavioral Health System Manager Reports and Utilities

Intended Audience

This course is designed for Behavioral Health program clinical or administrative managers using the behavioral health RPMS applications. It will focus on the Reports and Manager Utilities modules of BHS v3.0 and is intended to provide the knowledge and skills needed to:

- establish application site parameters
- generate reports for internal and external use
- export data to IHS National Programs

Additionally, this course will introduce students to the RPMS Clinical Reporting System (CRS; previously known as GPRA +), and the Indian Health Performance Evaluation System (IHPES) web-based data mart.

Objectives

Upon completion of this course, participants will be able to:

1. Identify the appropriate site parameters and/or security keys and adjust them to control:
 - a. The type of behavioral health data passed to PCC (PCC Link Options).
 - b. The ability of behavioral staff to view records.
 - c. The ability to delete records.
2. Update tables of local service sites and personal history factors.
3. Identify RPMS security features and facility and program practices that can enhance privacy and confidentiality of patient information.
4. Identify the GPRA indicators that impact behavioral health and identify the features and functions in the RPMS BH applications that can be deployed to support GPRA reporting via CRS.
5. Execute administrative, clinical supervision and case management functions.
6. Execute monthly exports and correctly identify which records can be corrected and how.
7. Access the Indian Health Performance Evaluation System (IHPES) to view aggregate facility,
8. service unit, area, and national exported behavioral health data.
8. Select and run behavioral health reports for client and program management.
Export data from these reports to an Excel file.
9. Identify how use of the RPMS behavioral health (BH) applications can support JCAHO standards of care.
10. Identify user support process and protocols and navigate IHS websites for up-to-date information on Program and IT activities.

Agenda

* Indicates Hands-on Exercise

Day 1

8:30 – 8:45 Introductions and Course Logistics

8:45 – 10:00 Review of Application Set-up and Security

Editing Site Parameters
Table of Local Service Sites
Table of personal history factors
Log of Edited Record
Sensitive Patient Tracking

10:00 – 10:15 Break

10:15 – 12:00 GPRA Indicators and Clinical Care

Introduction to Clinical Reporting System (CRS)
IPV/DV Screening
Alcohol Screening (FAS Prevention)
Tobacco Use Screening and Cessation
Depression Screening
Suicide Surveillance
Documentation of clinical activities related to GPRA Indicators*

12:00 – 1:00 Lunch

1:00 – 2:00 Suicide Surveillance: Suicide Reporting Form and Reports*

2:00 – 3:00 IPV/DV Screening: Documentation and Reports*

3:00 – 3:15 Break

3:15 – 4:00 Case Management Tools*

BV Browse a Patient's Visits
LD List all Visit Dates for One Patient
NS List NO SHOW Visits for One Patient
DPL View/Update Designated Provider List
TPU Update BH Treatment Plans
SF Suicide Forms* Indicates Hands-on Exercise

4:00 – 4:15 Recording Administrative Activities

4:15 - 4:30 Questions and Review

Agenda

* Indicates Hands-on Exercise

Day 2

8:30 – 9:00 Questions and Review

9:00 – 10:00 Exports and IHPES

How to generate an export

Where does the exported data go?

10:00 –10:15 Break

10:15 – 11:00 Overview of Behavioral Health System Reports

11:00 – 12:00 Exporting Data to Excel*

12:00 – 1:00 Lunch

1:00 – 1:30 How to Use GEN Option

1:30 – 2:30 Independent Report Exercises*

2:30 – 3:00 How RPMS Supports JCAHO Standards of Care

3:00 – 3:15 Break

3:15 – 4:00 Status of RPMS Behavioral Health Applications

Future Development

BHS v3.0

BH GUI Patient Chart

IBH in EHR

4:00 – 4:30 User Support, Communication, Questions and Course Evaluation

QUESTIONS AND SUPPORT

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INTERNET RESOURCES

RESOURCE	URL
RPMS Help Desk	http://www.ihs.gov/GeneralWeb/HelpCenter/IHSHelpdesk/index.cfm
RPMS Behavioral Health	http://www.ihs.gov/cio/bh
Indian Health Service Division of Behavioral Health	http://www.ihs.gov/MedicalPrograms/Behavioral
Indian Health Service Home Page	http://www.ihs.gov
Indian Health Service Patient Education Program	http://www.ihs.gov/NonMedicalPrograms/HealthEd/Protocols/2005_protocols.pdf#page=1
Patient Education – Behavioral Health Codes	http://www.ihs.gov/NonMedicalPrograms/HealthEd/Protocols/2005_bh.pdf#page=1
Indian Health Service-DIR Self - Determination Services	http://www.ihs.gov/CIO/Self-Determin/index.cfm
Indian Health Service Clinical Reporting System (GPRA+)	http://www.ihs.gov/cio/crs/

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Purpose of Visit/Problem Code List

POV	ICD/DSM	DESCRIPTION	POV	ICD/DSM	DESCRIPTION
		Category: Medical/Social			Category: Abuse (cont.)
1	v60.4	Health/Homemaker Needs	42.2	995.51	Child Abuse (Suspected), Emotional
1.1	v65.49	Health Promotion/Disease Prevention	42.3	995.53	Child Abuse (Suspected), Sexual
2	v62.4	Cross-Cultural Conflict	42.4	995.59	Other Abuse and Neglect (Multiple Forms)
3	v40.9	Unspecified Mental Disorder	43	995.80	Partner Abuse (Suspected), Unspecified
4	v57.9	Physical Disability/Rehabilitation	43.1	995.81	Partner Abuse (Suspected), Physical
5	v15.89	Physical Illness, Acute	43.2	995.82	Partner Abuse (Suspected), Emotional
6.1	v15.89	Physical Illness, Chronic	43.3	995.83	Partner Abuse (Suspected), Sexual
6.2	v15.89	Physical Illness, Terminal	43.4	995.85	Other Partner Abuse and Neglect (Multiple Forms)
7	v15.81	Non-Compliance w/Treatment Regimen	44	995.80	Adult Abuse (Suspected), Unspecified
8	v15.81	Failed Appointment, No Show	44.1	995.81	Adult Abuse (Suspected), Physical
8.1		Patient Cancelled, Rescheduled	44.2	995.82	Adult Abuse (Suspected), Emotional
8.11	v15.81	Patient Cancelled, Not Rescheduled	44.3	995.83	Adult Abuse (Suspected), Sexual
8.2		Provider Cancelled, Rescheduled	44.4	995.85	Other Adult Abuse and Neglect (Multiple Forms)
8.21		Provider Cancelled, Not Rescheduled	45.1	v61.12	Abusive Behavior (Alleged), Phys/Emot; Adult Victim; Focus on perpetrator who is a partner
8.3	v15.81	Did Not Wait to Be Seen	45.11	v62.83	Abusive Behavior (Alleged), Pjys/Emot.; Adult Victim; Focus on perpetrator who isn't partner
8.4	v65.2	Malingering	45.12	v61.22	Abusive Behavior (Alleged), Phys/Emot; Child Victim; Focus on perpetrator who is victim's parent
		Category: Psychosocial	45.13	V62.83	Abusive Behavior (Alleged), Phys/Emot; Child Victim; Focus on perp who isn't a partner
9.1	290.10	Pre-Senile Condition	45.3	v61.12	Abusive Behavior(Alleged), Sexual; Adult Victim; Focus is on perpetrator who is a partner
9.2	290.0	Senile Condition	45.31	v62.83	Abusive Behavior(Alleged), Sexual; Adult Victim; Focus is on perpetrator who isn't a partner
10	291.0	Alcohol Withdrawal Delirium	45.32	v61.22	Abusive Behavior (Alleged), Sexual; Child Victim; Focus on perp who isn't victim's parent
11	292.0	Drug Withdrawal Syndrome	45.33	v62.83	Abusive Behavior (Alleged), Sexual; Child Victim; Focus on perp who isn't victim's parent
12	294.9	Other Organic Mental Disorder/NOS	46	995.83	Rape (Alleged/Suspected)
12.1	294.9	Substance-Induced Delirium, Dementia, Amnestic and Other Cognitive Disorders	46.2	v15.41	Incest Survivor (Alleged)
13	295.90	Schizophrenic Disorder			Category: Neglect
14	311	Major Depressive Disorder	47	995.52	Child Neglect (Suspected)
14.2	296.90	Alcohol or Drug Induced Mood Disorder	47.1	995.51	Child Neglect (Suspected), Physical
15	296.80	Bipolar Disorder	48	995.80	Adult Neglect (Suspected)
16	297.1	Delusional Disorder	48.1	995.84	Adult Neglect (Suspected), Physical
17	298.9	Psychotic Disorder, NOS	49	995.80	Partner Neglect (Suspected)
17.1	298.9	Alcohol or Drug Induced Psychotic Disorder	49.1	995.84	Partner Neglect (Suspected), Physical
18	300.00	Anxiety Disorder	49.9	995.80	Exploitation
18.1	300.00	Alcohol or Drug Induced Anxiety Disorder			Category: Screenings
19	301.9	Personality Disorders	14.1	v79.0	Screening for Depression
20	302.9	Psychosexual Disorder	29.1	v79.1	Screening for Alcoholism
20.1	302.9	Alcohol or Drug Induced Psychosexual Disorder	29.2	v79.8	Screening for Drug Abuse
21	307.9	Communication Disorder NOS			Category: Family Life
21.1	995.2	Medication Induced Disorders	50	v62.82	Traumatic Bereavement
22	307.47	Sleep Disorder	51	v13.7	Alcohol-related Birth Defect (ARBD)
22.1	307.47	Alcohol or Drug Induced Sleep Disorder	51.1	760.71	Fetal Alcohol Syndrome (FAS)
23	307.50	Eating Disorder	52	v71.02	Child or Adolescent Antisocial Behavior
24	309.9	Adjustment Disorder	53	v61.20	Adult/Child Relationship
25	312.9	Disruptive Behavior Disorder	54	v62.82	Uncomplicated Grief Reaction
26	312.30	Impulse Control Disorder	54.1		Death, Patient Expired
27	303.90	Alcohol Dependence	54.2	v66.7	Dying, End of Life Care
28	304.90	Drug Dependence	55	v61.49	Illness in Family
29	305.00	Alcohol Abuse	56	v61.10	Marital Problem
30	305.90	Drug Abuse	57	v61.8	Sibling Conflict
31	313.9	Disorder of Infant, Child or Adol.	58	v61.0	Separation/Divorce
32	299.80	Pervasive Developmental Disorder	59	v61.8	Family Conflict
35	319	Unspecified Mental Retardation	60	v62.81	Interpersonal Relationships
36	316	Psychological Factor Assoc. w/ Medical Condition	61	v71.01	Adult Antisocial Behavior
37	300.19	Factitious Disorder	62	v61.8	Other Family Life Problems
37.1	300.82	Somatoform Disorder			Category: Pregnancy/Childbirth
38	v71.09	Other Suspected Mental Condition	63	v61.8	Pregnancy Conflict
38.1	799.9	Diagnosis Deferred on Axis I or II	64	v68.89	Adoption Referral
39	300.9	Suicide (Ideation)	64.1	v61.29	Adoption Counseling
40	300.9	Suicide (Attempt/Gesture)	65	V25.09	Family Planning
41	798.1	Suicide (Completed)	66	v61.8	Pregnancy Concerns
		Category: Other Patient Related	67	v61.8	Teenage Pregnancy
38.2	V68.1	Med Refill – Issue of Repeat Rx.	68	v23.9	High Risk Pregnancy
		Category: Abuse	69	v61.8	Other Childbearing Problems
42	995.50	Child Abuse (Suspected), Unspecified			Category: Out of Home Care
42.1	995.54	Child Abuse (Suspected), Physical	70	v60.8	Day/Night Care
42.11	995.55	Shaken Baby Syndrome	71	v60.8	Domiciliary Care

Purpose of Visit/Problem Code List

POV	ICD/DSM	DESCRIPTION	POV	ICD/DSM	DESCRIPTION
		Category: Out of Home Care (cont.)			Category: Sociolegal
72	v60.4	Foster Care	86	v62.5	Forensic: Criminal
72.1	v61.29	Foster Care - Counseling	87	v62.5	Forensic: Civil
73	v66.9	Halfway House	88	v62.5	Other Sociolegal Problems
74	v66.9	Hospice Care			Category: Education/Life
75	v66.9	Nursing Care	89	v62.3	Academic Problem
76	v66.9	Respite Care	89.1		Alternative Education Services
77	v66.9	Institutional Care	90	v62.3	School Behavior Problem
		Category: Socioeconomic	91	v62.3	School Dropout
78	v68.89	Alternate Health Resources	92	v57.22	Vocational Rehabilitation
79	v60.2	Financial Needs/Assistance	93	v62.81	Peer Conflict
79.1	v60.2	Inadequate Personal Resources Problems	94	v62.89	Phase of Life Problem
79.2	v60.2	Inadequate Access to Resources -Problems	94.1	v62.89	Religious or Spiritual Problem
80	v60.1	Housing	94.2	v62.89	Borderline Intellectual Functioning
81	v65.3	Nutrition			Category: Administrative
82	v62.2	Employment	95		Continuing Education
82.1	v62.0	Unemployment	96		Training Needs
83	v60.8	Transportation	97		Administration
84	v62.2	Co-Worker Difficulties	98		Employee Assistance Program
85	v60.8	Other Socioeconomic Problems	99		Other Administrative Problems

Whenever possible, the actual DSM-IV-TR code should be utilized. Problem codes are primarily for use when there is no corresponding DSM-IV-TR code. In most instances the problem codes crosswalk to generic ICD-9 codes such as Depressive Disorder NOS rather than to a more specific diagnosis.

BEHAVIORAL HEALTH ACTIVITY CODE SHEET

CODE	DEFINITION	CODE	DEFINITION
	Patient Services - Patient Present (P)		Support Services - Patient Not Present (S)
01	Twelve Step Work - Group (TSG)	24	Material/Basic Support (SUP)
02	Twelve Step Work - Individual (TSI)	25	Information And/Or Referral (INF)
03	Twelve Step Group [TWG]	26	Medication/Medication Monitoring (MEA)
11	Screening (SCN)	27	Forensic Activities (FOA)
12	Assessment/Evaluation (EVL)	28	Discharge Planning (DSA)
13	Individual Treatment/Counseling/Education (IND)	29	Family Facilitation (FAA)
15	Information And/Or Referral (REF)	30	Follow-up/Follow Through (FUA)
16	Medication/Medication Monitoring (MED)	31	Case Management (CAA)
17	Psychological Testing (TST)	33	Technical Assistance
18	Forensic Activities (FOR)	34	Other Support Services
19	Discharge Planning (DSG)	44	Screening
20	Family Facilitation (FAC)	45	Assessment/Evaluation
21	Follow Through/ Follow-up (FOL)	49	Crisis Intervention (CIA)
22	Case Management (CAS)		
23	Other Patient Services Not Ident. (OTH)		Administration (A)
47	Couples Treatment (COU)	32	Clinical Supervision Provided
48	Crisis Intervention (CIP)	50	Medical Rounds (general)
85	Art Therapy (ART)	51	Committee Work
86	Recreation Activities (REC)	52	Surveys/Research
88	Acupuncture (ACU)	53	Program Management
89	Methadone Maintenance (MET)	54	Quality Improvement
90	Family Treatment (FAM)	55	Supervision
91	Group Treatment (GRP)	56	Records/Documentation
92	Adventure Based Counseling (ABC)	57	Child Protective Team Activities
93	Relapse Prevention (REL)	58	Special Projects
94	Life Skills Training (LST)	59	Other Administrative
95	Cultural Activities (CUL)	60	Case Staffing (general)
96	Academic Services (ACA)	66	Clinical Supervision Received
97	Health Promotion (HPR)		
			Consultation (L)
	Community Services (C)	61	Provider Consultation (PRO)
35	Collaboration	62	Patient Consultation - Chart Review (CHT)
36	Community Development	63	Program Consultation
37	Preventive Services	64	Staff Consultation
38	Patient Transport	65	Community Consultation
39	Community Services		
40	Referral		Placement (PL)
87	Outreach	75	Placement - Patient Present (OHP)
		76	Placement - Patient Not Present (OHA)
	Education/Training (E)		
41	Education/Training Provided		Cultural Issues (O)
42	Education/Training Received	81	Traditional Specialist Consult - Pt. Present (TRD)
43	Other Education/Training	82	Traditional Specialist Consult - Pt. Absent (TRA)
		83	Tribal Functions
	Travel (T)	84	Cultural Ed. to Non-Tribal Agency/Personnel
71	Travel related to Patient Care	Select the Activity Code that best describes the purpose of your interaction with the client or activities on your client's behalf.	
72	Travel <u>Not</u> related to Patient Care		

Health Factors List

Category: Alcohol/Drug

CAGE 0/4

CAGE 1/4

CAGE 2/4

CAGE 3/4

CAGE 4/4

Category: Barriers to Learning

Barriers to learning – blind

Barriers to learning – cognitive impairment

Barriers to learning – deaf

Barriers to learning – doesn't read English

Barriers to learning – hard of hearing

Barriers to learning – visually impaired

Barriers to learning – interpreter needed

Barriers to learning – no barriers

Barriers to learning – social stressors

Barriers to learning – values/beliefs

Barriers to learning – fine motor skills deficit

Barriers to learning – sign language interpreter needed

Category: Learning Preference

Learning preference – do/practice

Learning preference – read

Learning preference – small group

Learning preference – talk

Learning preference – video

Category: Readiness to Learn

Readiness to learn – not ready

Readiness to learn – pain

Readiness to learn – receptive

Readiness to learn – severity of illness

Readiness to learn – unreceptive

Category: Tobacco

Ceremonial use only

Current smokeless

Current – smoker

Current smoker & smokeless

Non-tobacco user

Previous smokeless

Previous smoker

Cessation – smokeless

Cessation – smoker

Smoke-free home

Smoker in home

Exposure to environmental tobacco smoke

Manager Utilities Menu

The Manager Utilities menu provides options for Site Managers and program supervisors to customize the Behavioral Health System to suite their site's needs. Options are also available for administrative functions, including the export of data to the Area, re-setting local flag fields, and verifying users who have edited particular patient records.

Note: Not all users of the Behavioral Health System will be given access to this menu.

SITE Update Site Parameters ...

Individual sites use the Site Parameters file to set the MH/SS system to suit their program needs. Use the Update Site Parameters option to modify the parameters in this file. The most important specification in this file is the determination of the types and classification of data that passes from the MH/SS system to the PCC. For a detailed discussion on passing data to the PCC, refer to the separate handout.

EXPT Export Utility Menu

The functions on the Export Utilities Menu are used for passing data from your facility to the IHS Headquarters office for statistical reporting purposes.

ELSS Add/Edit Local Service Sites

This option may be used to define (add) local service sites. You may capture visit data at locally identified locations (e.g., Visits at a Clinic in a School). Counts of these visits can be recovered using the "GEN" option in Encounter Reports or "ACT" in the Workload reports.

RPFF Re-Set Patient Flag Field Data

This option to used to reset the patient flag field in all of the patient files. You can reset one particular flag or all flags. You may use this reset option to reassign a particular flag or all flags as needed.

DLWE Display Log of Who Edited Record

This option may be used to print a list of people who have edited a particular patient record.

EPHX Add Personal History Factors to Table

This option may be used to add Personal History items to the four item list initially identified for use in MH/SS programs. Added items will be shown as items in the Personal History field any place this option exists in a Select or Print field in the GEN reports.

Exercises

1. Select a patient from the list provided by the trainer. Using Patient Chart to determine when encounters were recorded, select a visit to review. Log on to RPMS, select BHS v3.0, Manager Utilities and use the DLWE function to determine if the record has been edited.
2. Using Patient Chart GUI, select the same patient and edit an encounter record. Close Patient Chart and log on to RPMS. Following the same procedure to verify the edit tracking.
3. Log on to RPMS, select BHS v3.0 and access the data entry module. Select PDE and the same patient. Verify that you see the warning regarding Sensitive Patient Tracking.

Update Site Parameters

```
** UPDATE BEHAVIORAL HEALTH SITE PARASite Name: DEMO HOSPITAL
=====
***** DEFAULT VALUES IN DATA ENTRY *****
MH Location: DEMO HOSPITAL          SS Location: DEMO HOSPITAL
MH Community: LANTON                SS Community: LANTON
MH Clinic: BEHAVIORAL HEALTH        SS Clinic: MENTAL HEALTH
More Defaults (press enter):
-----
Default Health Summary Type: BEHAVIORAL HEALTH
Ask Interpreter Utilized? NO        Universal/Site Spec. Lookup: SITE SPE
Default response on form print: FULL Suppress Comment on Suppressed Form? NO
# of past POVs to display: 5        Exclude No Shows on last DX Display? YS
-----
Type of Visit to Create in PCC: IHS INTERACTIVE PCC LINK? YES
Type of PCC Link: PASS ALL DATA AS ENT Allow PCC Problem List Update? YE
Update PCC Link Exceptions? N Update those allowed to see all visits on SDE? N
Update those allowed to share visits? N Update those allowed to order Labs? N
-----
COMMAND:                               Press <PF1>H for help  Insert
```

```
Default Chemical Dependency Location: DEMO HOSPITAL
Default Chemical Dependency Community: LANTON
Default Chemical Dependency Clinic: ALCOHOL AND SUBSTANCE

Default Type of Contact: OUTPATIENT
Default Appt/Walk In Response: APPOINTMENT
```

Behavioral Health to PCC Link Options

1. No Active Link

The data link between the two modules is not turned on. No data is passed to the PCC visit file from the MH/SS system.

2. The Data Link is on. All records are the same.

Patient contacts in the Behavioral Health programs are passed to the PCC visit file. The same ICD-9 code and narrative, as defined by the program, are used for all cases.

3. The Data Link is on. Some Masking of Data.

Patient contacts in the Behavioral Health program are passed to the PCC visit file according to the manner in which the Purpose of Visit (POV) is recorded.

- a. If the POV is identified using a DSM-IV diagnostic code, the equivalent ICD-9 diagnostic code along with the standard narrative, prefaced with the phrase, “Diagnostic impression” is passed to PCC.
- b. If a psychosocial problem is characterized by using a MH/SS Problem Code as a POV, the ICD-9 code and the narrative as shown in the crosswalk table are passed to PCC. Potentially sensitive issues may be appended by the phrase, “See (Provider’s Name) for Details of this Contact”.

There are two exceptions:

- For MH/SS Problem codes 39 (Suicide Ideation) and 40 (Suicide Attempt/Gesture), the ICD-9 code and standard narrative are accompanied by the provider’s actual narrative.
- For problem codes 42 (Child Abuse) and 44 (Adult Abuse) the ICD-9 codes for those problems (995.5 and 995.81) have been added as acceptable DSM codes to allow an additional option for what gets passed to PCC. When these codes are used to characterize a POV, each gets passed “as is” along with the provider’s narrative.

4. The Data Link is on. No Masking of Data.

All DSM IV and Problem Codes are passed as ICD-9 codes as shown in the crosswalk along with the narrative as written by the provider.

5. The Data Link is on. Single standard narrative for all contacts.

Both DSM IV and Problem Codes are converted to ICD-9 codes as shown in the crosswalk and passed with a single standard narrative, as defined by the program, for all contacts.

**SECURITY KEY ASSIGNMENTS
FOR THE
RPMS BEHAVIORAL HEALTH SYSTEM APPLICATIONS
AS OF 1/9/06**

Behavioral Health System 3.0 Version Patch 5

Security keys should only be assigned to staff with privileged access to confidential behavioral health data. Program Managers should meet with the Site Manager when assigning these keys.

AMHZMENU	Permits access to Top-Level menu (AMHMENU)
AMHZMGR	Permits access to Supervisory-Level/Manager options
AMHZ DATA ENTRY	Permits access to the Data Entry module
AMHZ RESET TRANS LOG	Permits access to reset the Export log
AMHZDECT	Permits access to Data Entry Forms Count Menu option
AMHZHS	Permits access to the BHS Health Summary
AMHZRPT	Permits access to the Reports module
AMHZ DELETE VISIT	Permits access to delete a patient visit
AMHZ CDMIS BACKLOAD	Permits access to run the CDMIS data backload
AMHZ DV REPORTS	Permits access to run IPV/DV reports
AMHZ SUICIDE FORM ENTRY	Permits access too the Suicide Form data entry menu
AMHZ SUICIDE FORM REPORTS	Permits access to the Suicide Reports menu

Those keys in **bold** are the ones all staff will need, at a minimum, to use the application. All other keys are Supervisors, Managers, or Site Manager keys. The Delete and Reports keys may be assigned to all staff at the discretion of the Program Manager.

Behavioral Health GUI Version 1.5, Patch 1 (Patient Chart)

Security keys should only be assigned to staff with privileged access to confidential behavioral health data. Program Managers should meet with the Site Manager when assigning these keys.

Assign *all* BPC security keys to behavioral health providers. The keys below govern access to the Behavioral Health tab in patient Chart. *Only* behavioral health providers should be given these keys.

BPCBHA	Controls the main form Admin cmd control
BPCBHDEL	Required to delete a visit, case status, tx plan, or suicide form
BPCBHG	Controls the main option form Group cmd control
BPCBHT	Controls the Chart form tab control for BH
BPCBHV	Controls the main options Visits cmd control
BPCSUI	Controls access to the Suicide Form data entry fields

Security Key Quick Reference

Choose Patient Screen

BPCMNPUL Required to look up a patient through the Patient Chart interface

BPCDIVALL Required to view patients for multiple divisions

Cover Page Screen

BPCTCV Required for the Cover Screen tab to appear on the Patient Chart interface

Face Sheet Screen

BPCTFS Required for the Face Sheet tab to appear on the Patient Chart interface

BPCFSP Required to print the Face Sheet screen

Problems Screen

BPCTPR Required for the Problems tab to appear on the Patient Chart interface

BPCPRA Required to add a problem through the Problems screen

BPCPRD Required to delete a problem through the Problems screen

BPCPRE Required to edit a problem through the Problems screen

BPCPRP Required to print the problems and problem notes through the Problems screen

BPCPRNA Required to add a note to a problem through the Problems screen

BPCPRNC Required to edit/ change a problem note through the Problems screen

BPCPRNR Required to remove a problem note through the Problems screen

BPCPRPL Required to print the Problems List through the Problems screen

Medications/ Pharmacy Screen(s)

BPCTRX Required for the Meds tab to appear on the Patient Chart Interface

BPCRXPMD Required to change the date range on the PCC Medications screen

BPCRXPMP Required to print the PCC Medications list

BPCRXPMP Required to refresh the PCC Medications screen

BPCRXPMP Required for the Med Profile button to appear on the PCC

Medications screen. Viking Medication users should not have the

BPCRXPMP security key assigned.

BPCRXPMPD Required to change the date range on the Med Profile screen

BPCRXPMP Required to print the Med Profile screen

BPCRXPMP Required to refresh the Med Profile screen

Labs Screen

BPCTLR Required for the Labs tab to appear on the Patient Chart Interface

BPCLIL Required for the Interim Labs button to appear on the Labs screen.

BPCLIL should not be assigned for sites that are not using the RPMS Laboratory package.

BPCLILC Required to change the data range on the Interim Labs report.

BPCLILC should not be assigned for sites that are not using the RPMS Laboratory package.

BPCLILP Required to print the Interim Labs report. BPCLILP should not be assigned for sites that are not using the RPMS Laboratory package

BPCLILR Required to refresh the Interim Labs screen. BPCLILR should not be assigned for sites that are not using the RPMS Laboratory package

BPCLM Required for the Microbiology button to appear on the Labs screen

BPCLO Required for the Order Lab button to appear on the Labs screen.

BPCLO should not be assigned for sites that are not using the RPMS Laboratory package

BPCLOCM Required to enter comments when ordering a Lab. BPCLOM should not be assigned for sites that are not using the RPMS Laboratory package.

BPCLOLA Required to select the Lab Accessioning option when ordering a lab.

BPCLOLA should not be assigned for sites that are not using the RPMS Laboratory package.

BPCLOLC Required to select a Lab collection option when ordering a Lab.

BPCLOLC should not be assigned for sites that are not using the

RPMS Laboratory package.

BPCLOLO Required to specify the requesting location, priority, and ordering provider, when ordering a Lab. BPCLOLO should not be assigned for sites that are not using the RPMS Laboratory package.

BPCLOOO Required to select a lab test that does not appear on the pick list when ordering labs (Other Orders). BPCLOOO should not be assigned for sites that are not using the RPMS Laboratory package.

BPCLOPO Required to place and print a lab order. BPCLOPO should not be assigned for sites that are not using the RPMS Laboratory package

BPCLOSP Required to select the Send Patient Collect option when ordering a lab. BPCLOSP should not be assigned for sites that are not using the RPMS Laboratory package

BPCLOWC Required to select the Clinic or Ward Collect option when ordering a lab. BPCLOWC should not be assigned for sites that are not using the RPMS Laboratory package

BPCLP Required to print the Lab results list for the selected date of service

BPCLT Required for the Trends button to appear on the Labs screen

BPCLTE Required to export the trend report information to the Excel program

BPCLTP Required to print the trend report

Purpose of Visit Screen

BPCTPV Required for the POVs tab to appear on the Patient Chart Interface

BPCPVP Required for the POV Print button to appear on the Patient Chart Interface

Measurement Screen

BPCTMS Required for the Meas tab to appear on the Patient Chart interface

BPCMSA Required to add a measurement through the Patient Chart interface

BPCMSE Required to edit a measurement through the Patient Chart interface

BPCMSG Required to chart measurement trends through the Patient Chart interface

BPCMSS Required to save a new/ edited measurement through the Patient Chart interface

BPCMSTP Required to print a measurement graph

Specials Screen

BPCTSP Required for the Specials tab to appear on the Patient Chart Interface

BPCSPP Required to print the Allergy Tracking, Referred Care, or Diabetic Management displays.

BPCSPDA Required for the Allergy Tracking button to appear on the Specials screen

BPCSPDS Required for the Diabetes Patient Care Summary button to appear on the Specials screen

BPCSPRC Required for the Referred Care Information System button to appear on the Specials screen

Allergy Tracking Screen

BPCSPDA Required for the Allergy Tracking button to appear on the Specials screen of the Patient Chart Interface

Telnet Screen (Inside Patient File)

BPCTTN Required for the Telnet tab to appear on the Patient Chart interface

BPCNTNH Required to connect to a new host through the Patient Chart interface

Telnet Screen (Main Menu)

BPCMNTN Required for the Telnet button to appear on the Main Menu

Health Summary Screen

BPCTHS

Required for the Hlth Sum tab to appear on the Patient Chart interface

BPCHSP Required to print the Health Summary

BPCHST Required to select the Health Summary type

BPOCHSD Required to Display the Health Summary

Radiology Screen

BPCTXR Required for the X-ray tab to appear on the Patient Chart interface

BPCXRP Required to print the Radiology screen

Women's Health Screen

BPCTWH Required for the Women Hlth tab to appear on the Patient Chart interface

BPCBWD Required to display the patient's Women's Health summary

BPCBWP Required to print the patient's Women's Health summary

Appointments Screen

BPCTAP Required for the Appts tab to appear on the Patient Chart interface

BPCSDP Required to print the Appointments screen through Patient Chart

Immunizations Screen

BPCTIM Required for the Immunizations tab to appear on the Imm/Ed tab in Patient Chart. **Note:** Patient Chart v1.5 supports Immunization 7.1 only. If a site has a version greater than this, they will receive an Immunization error when logging on. This can be avoided by removing this key.

BPCIMDF Required to view the Immunization Forecast through Patient Chart

BPCIMDH Required to view the Immunization History through Patient Chart

BPCIMA Required to add an immunization through Patient Chart

BPCIME Required to edit an immunization listing through Patient Chart

BPCIMD Required to delete an immunization listing through Patient Chart

BPCSKA Required to add a skin test through Patient Chart

BPCSKE Required edit a skin test listing through Patient Chart

Patient Education Screen

BPCTEP Required for the Education Protocols tab to appear on the Patient Chart interface

BPCEDD Required to display the Education Protocol screen

BPCEDP Required to print the Education Protocol screen

BPCEDA Required to add a protocol to the Education Protocol screen

BPCEDE Required to edit a protocol on the Education Protocol screen

My Labs Screen

BPCMNML Required for the My Labs button to appear on the main menu

BPCMNMLP Required to print the My Labs screen

BPCMNMLR Required to refresh the My Labs screen

Behavioral Health

BPCBHA Controls the main form Admin cmd control

BPCBHDEL Required to delete a visit, case status, treatment plan or suicide form entered in error

BPCBHG Controls the main option form Group cmd control

BPCBHR Controls the main option form Reports cmd control

BPCBHT Controls the Chart form tab control for BH

BPCBHV Controls the main options Visits cmd control

AREA GPRA COORDINATORS AS OF MAY 6, 2005

AREA	GPRA COORDINATOR(S)	CONTACT INFORMATION
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FY 2005, 2006, 2007 GPRA MEASURES

Performance Measure	FY 2005 Target	2006 Target	2007 Target	Headquarters Lead
TREATMENT MEASURES				
Diabetes Group				
1. Diabetes: Poor Glycemic Control: Assure that the proportion of patients with diagnosed diabetes that have poor glycemic control does not increase [outcome]	During FY 2005, assure that the proportion of patients with diagnosed diabetes that have poor glycemic control does not increase above the FY 2004 level.	During FY 2006, assure that the proportion of patients with diagnosed diabetes that have poor glycemic control does not increase over FY 2005 level.	During FY 2007, assure that the proportion of patients with diagnosed diabetes that have poor glycemic control does not increase over FY 2006 level.	Kelly Acton, OCPS/DDTP, 505-248-4182
2. Diabetes: Ideal Glycemic Control: Address the proportion of patients with diagnosed diabetes that have demonstrated glycemic control at the ideal level. [outcome]	During FY 2005, maintain the proportion of patients with diagnosed diabetes that have demonstrated ideal glycemic control at the FY 2004 level.	During FY 2006, maintain the proportion of patients with diagnosed diabetes that have demonstrated ideal glycemic control at the FY 2005 level.	During FY 2007, maintain the proportion of patients with diagnosed diabetes that have demonstrated ideal glycemic control at the FY 2006 level.	Kelly Acton, OCPS/DDTP, 505-248-4182
3. Diabetes: Blood Pressure Control: Address the proportion of patients with diagnosed diabetes that have achieved blood pressure control. [outcome]	During FY 2005, maintain the proportion of patients with diagnosed diabetes that have achieved blood pressure control at the FY 2004 level.	During FY 2006, maintain the proportion of patients with diagnosed diabetes that have achieved blood pressure control at the FY 2005 level.	During FY 2007, maintain the proportion of patients with diagnosed diabetes that have achieved blood pressure control at the FY 2006 level.	Kelly Acton, OCPS/DDTP, 505-248-4182
4. Diabetes: Dyslipidemia Assessment: Address the proportion of patients with diagnosed diabetes assessed for dyslipidemia. [outcome]	During FY 2005, maintain the proportion of patients with diagnosed diabetes assessed for dyslipidemia (LDL cholesterol) at the FY 2004 level.	During FY 2006, maintain the proportion of patients with diagnosed diabetes assessed for dyslipidemia (LDL cholesterol) at the FY 2005 level.	During FY 2007, maintain the proportion of patients with diagnosed diabetes assessed for dyslipidemia (LDL cholesterol) at the FY 2006 level.	Kelly Acton, OCPS/DDTP, 505-248-4182
5. Diabetes: Nephropathy Assessment: Address the proportion of patients with diagnosed diabetes assessed for nephropathy. [outcome]	During FY 2005, maintain the proportion of patients with diagnosed diabetes assessed for nephropathy at the FY 2004 level.	During FY 2006, maintain the proportion of patients with diagnosed diabetes assessed for nephropathy at the FY 2005 level.	During FY 2007, maintain the proportion of patients with diagnosed diabetes assessed for nephropathy at the FY 2006 level.	Kelly Acton, OCPS/DDTP, 505-248-4182

Performance Measure	FY 2005 Target	2006 Target	2007 Target	Headquarters Lead
<u>6. Diabetic Retinopathy:</u> Address the proportion of patients with diagnosed diabetes who receive an annual diabetic retinal examination. [outcome]	During FY 2005, maintain the proportion of patients with diagnosed diabetes who receive an annual diabetic retinal examination at designated sites at the FY 2004 rate.	During FY 2006, maintain the proportion of patients with diagnosed diabetes who receive an annual retinal examination at designated sites at the FY 2005 level and establish the baseline of patients with diagnosed diabetes who receive an annual retinal examination at all sites.	During FY 2007, maintain the proportion of patients with diagnosed diabetes at all sites who receive an annual retinal examination at the FY 2006 level.	Mark Horton PIMC 602-263-1200 ext 2217 602-820-7654 (cell)
Cancer Screening Group				
<u>7. Cancer Screening: Pap Smear Rates:</u> Address the proportion of eligible women patients who have had a Pap screen within the previous three years. [outcome]	During FY 2005, maintain the proportion of eligible women patients who have had a Pap screen within the previous three years at the FY 2004 levels.	During FY 2006, maintain the proportion of female patients ages 21 through 64 without a documented history of hysterectomy who have had a Pap screen within the previous three years at the FY 2005 level.	During FY 2007, assure that the proportion of female patients ages 21 through 64 without a documented history of hysterectomy who have had a Pap screen within the previous three years does not decrease more than 1% from the FY 2006 level.	Nat Cobb, OPHS/Epi, 505-248-4132
<u>8. Cancer Screening: Mammogram Rates:</u> Address the proportion of eligible women who have had mammography screening within the last 2 years. [outcome]	During FY 2005, maintain the proportion of eligible women patients who have had mammography screening at the FY 2004 rate.	During FY 2006, maintain the proportion of female patients ages 50 through 64 who have had mammography screening within the last 2 years at the FY 2005 level.	During FY 2007, assure that the proportion of female patients ages 50 through 64 who have had mammography screening within the last 2 years does not decrease more than 1% from the FY 2006 level.	Nat Cobb, /OPHS/Epi, 505-248-4132
<u>9. Cancer Screening: Colorectal Rates:</u> Address the proportion of eligible patients who have had appropriate colorectal cancer screening. [outcome]	No indicator.	During FY 2006, establish baseline rate of colorectal screening for clinically appropriate patients ages 50 and older.	During FY 2007, assure that the rate of colorectal screening for clinically appropriate patients ages 50 and older does not decrease more than 1% from the FY 2006 level.	Nat Cobb, /OPHS/Epi, 505-248-4132

Performance Measure	FY 2005 Target	2006 Target	2007 Target	Headquarters Lead
Alcohol and Substance Abuse Group				
10. RTC Improvement/Accreditation: Assure quality and effectiveness of Youth Regional Treatment Centers. [output effective 05]	RTC Accreditation: During FY 2005, the Youth Regional Treatment Centers that have been in operation for 18 months or more will achieve 100% accreditation either through CARF or a comparable accreditation process.	RTC Accreditation: During FY 2006, maintain 100% accreditation rates for the Youth Regional Treatment Centers that have been in operation for 18 months or more, either through CARF, or a comparable accreditation process.	RTC Accreditation: During FY 2007, maintain 100% accreditation rates for the Youth Regional Treatment Centers that have been in operation for 18 months or more, either through CARF, or a comparable accreditation process.	Wilbur Woodis, OCPS/DBH, 301- 443-6581
11. Alcohol Screening (FAS Prevention): Address screening for alcohol use in appropriate female patients. [outcome]	During FY 2005, increase the screening rate for alcohol use in female patients 15 to 44 over the FY 2004 rate.	During FY 2006, increase the screening rate for alcohol use in female patients ages 15 to 44 to 8%.	During FY 2007, maintain the screening rate for alcohol use in female patients ages 15 to 44 at 8%.	Wilbur Woodis, OCPS/DBH, 301-443-6581
Oral Health Group				
12. Fluoridated Water: Address access to optimally fluoridated water for the AI/AN population. [outcome] In 2005, changes to Fluorides: Address American Indian and Alaska Native patients' access to topical fluorides.	During FY 2005, establish (1) the baseline number of topical fluoride applications provided to American Indian and Alaska Native patients, with a maximum number of four applications per patient per year and (2) the baseline number of American Indian and Alaska Native patients receiving at least one topical fluoride application.	During FY 2006, increase by 1% (1) the number of topical fluoride applications provided to American Indian and Alaska Native patients, with a maximum number of four applications per patient per year and (2) the number of American Indian and Alaska Native patients receiving at least one topical fluoride application above the FY 2005 levels.	During FY 2007, assure that (1) the number of topical fluoride applications provided to American Indian and Alaska Native patients, with a maximum number of four applications per patient per year and (2) the number of American Indian and Alaska Native patients receiving at least one topical fluoride application does not decrease more than 1% from the FY 2006 levels.	Patrick Blahut, OCPS/DOH, 301-443-1106
13. Dental Access: Address the proportion of patients who obtain access to dental services. EFFICIENCY MEASURE	During FY 2005, maintain the proportion of patients that obtain access to dental services at the FY 2004 level.	During FY 2006, maintain the proportion of patients that obtain access to dental services at the FY 2005 level.	During FY 2007, assure that the proportion of patients that obtain access to dental services does not decrease more than 1% from the FY 2006 level.	Patrick Blahut, OCPS/DOH, 301-443-1106

Performance Measure	FY 2005 Target	2006 Target	2007 Target	Headquarters Lead
<u>14. Dental Sealants:</u> Address the number of sealants placed per year in American Indian and Alaska Native patients. [outcome]	During FY 2005, maintain the number of dental sealants placed per year in American Indian and Alaska Native patients at the FY 2004 level.	During FY 2006, maintain the number of dental sealants placed per year in American Indian and Alaska Native patients at the FY 2005 level.	During FY 2007, assure that the number of dental sealants placed per year in American Indian and Alaska Native patients does not decrease more than 1% from the FY 2006 level.	Patrick Blahut, OCPS/DOH, 301-443-1106
<u>15. Diabetes: Dental Access:</u> Address the proportion of patients diagnosed with diabetes who obtain access to dental services. [outcome]	During FY 2005, maintain the proportion of patients with diagnosed diabetes who obtain access to dental services at the FY 2004 level.	Eliminated in FY 2006	Eliminated in FY 2006	Patrick Blahut, OCPS/DOH, 301-443-1106
Family Abuse, Violence, and Neglect Indicator				
<u>16. Domestic (Intimate Partner) Violence Screening:</u> Address the proportion of women who are screened for domestic violence at health care facilities. [outcome]	During FY 2005, the IHS will maintain the screening rate for domestic violence in female patients ages 15 through 40 at the FY 2004 rate.	During FY 2006, increase the screening rate for domestic violence in female patients ages 15 through 40 to 5%.	During FY 2007, maintain the screening rate for domestic violence in female patients ages 15 through 40 to 5%.	Theresa Cullen, ITSC/DIR/OMS 520-670-4803 Ramona Williams, OCPS/DBH, 301-443-2038

Performance Measure	FY 2005 Target	2006 Target	2007 Target	Headquarters Lead
Information Technology Development Group				
<u>Data Quality Improvement:</u> 17. Expand the automated extraction of GPRA clinical performance measures and improve data quality. EFFICIENCY MEASURE effective 05	During FY 2005, implement a national program to improve the quality, accuracy and timeliness of Resource Patient Management System (RPMS) Patient Care Component (PCC) clinical data to support the Agency's GPRA clinical measures by expanding the current automated data quality assessment "package" to include two new additional clinical measures.	During FY 2006, continue the automated extraction of GPRA clinical performance measures through ongoing development and deployment of CRS (clinical reporting system) software.	During FY 2007, assure that all GPRA clinical performance measures based on RPMS data can be reported by CRS (clinical reporting system) software.	Theresa Cullen, ITSC/DIR/OMS, 520-670-4803
<u>18. Behavioral Health:</u> Expand the Behavioral Health Data System by increasing use of appropriate software applications.	During FY 2005, expand the Behavioral Health (BH) Data System by increasing the number of sites using the RPMS Behavioral Health (BH) software application over the FY 2004 level	<u>During FY 2006,</u> establish a baseline rate of annual screening for depression in adults ages 18 and over.	<u>During FY 2007,</u> assure that the rate of annual screening for depression in adults ages 18 and over does not decrease more than 1% from the FY 2006 level.	Wilbur Woodis, OCPS/DBH, 301-443-6581
<u>19. Urban IS Improvement:</u> Expand Urban Indian Health Program capacity for securing mutually compatible automated information system that captures health status and patient care data for the Indian health system.	During FY 2005, IHS will have in place contract and grant requirements for all urban Indian programs to provide a specified data set in a standard format.	During FY 2006, increase the number of urban sites reporting clinical GPRA performance measures through the national clinical reporting process from 2005 levels.	During FY 2007, maintain the number of urban sites reporting clinical GPRA performance measures through the national clinical reporting process at 2006 levels.	Denise Exendine /OD/OUIHP, 301-443-4680

Quality of Care Group				
20. Accreditation: Maintain 100% accreditation of all IHS hospitals and outpatient clinics.	During FY 2005, maintain 100% accreditation of all IHS-operated hospitals and outpatient clinics.	During FY 2006, maintain 100% accreditation of all IHS-operated hospitals and outpatient clinics.	During FY 2007, maintain 100% accreditation of all IHS-operated hospitals and outpatient clinics.	Balerna Burgess, ORAP/BOE, 301-443-1016
21. Medication Error Improvement: Address medication errors by developing a reporting system to reduce medication errors. [outcome] In 2006, changes to Medical Error Improvement: Address medical errors through development and implementation of a medical error reporting system.	During FY 2005, all direct care facilities shall be using the NCCMERP nationally recognized medication error definition, and shall have a non-punitive multi-disciplinary medication error reporting system in place.	During FY 2006, IHS will establish and evaluate a medical error reporting system at 3 areas.	During FY 2007, IHS will maintain operation of a medical error reporting system at 3 areas.	Robert Pittman, OCPS/DCCS, 301-443-1190 (05 only) Theresa Cullen, ITSC/DIR/OMS, 520-670-4803 (06-07)
22. Customer Satisfaction:	Eliminated in FY 2005. (subsumed by accreditation indicator)	Eliminated effective FY 2005.	Eliminated in FY 2005.	Phil Smith, OPHS 301-443-6528
PREVENTION MEASURES				
Public Health Nursing Measure				
23. Public Health Nursing: Address the number of public health nursing services (primary and secondary treatment and preventive services) provided by public health nursing. EFFICIENCY MEASURE	During FY 2005, maintain the total number of public health nursing services (primary and secondary treatment and preventive services) provided to individuals in all settings at the FY 2004 workload levels.	During FY 2006, implement a data system capable of recording the time spent and nature of public health activities other than one-on-one patient care, with an emphasis on activities that serve groups or the entire community.	During FY 2007, establish a baseline of time spent and nature of public health activities performed by public health nurses.	Francis Frazier, OCPS/DNS, 301-443-1840
Immunization Group				
24. Childhood Immunizations: Address rates for recommended immunizations for AI/AN children 19-35 months. [outcome]	During FY 2005, maintain baseline rates for recommended immunizations for American Indian and Alaska Native children 19-35 months compared to FY2004.	During FY 2006, maintain baseline rates for recommended immunizations for American Indian and Alaska Native children 19-35 months compared to FY 2005.	During FY 2007, assure that the rates for recommended immunizations for American Indian and Alaska Native children 19-35 months do not decrease more than 1% from the FY 2006 level.	Amy Groom, OPHS/Epi 505-248-4226 Jim Cheek, OPHS/Epi, 505-248-4226

25. Adult Immunizations: Influenza: Address influenza vaccination rates among non-institutionalized adult patients aged 65 years and older. [outcome]	In FY 2005, maintain the FY 2004 rate for influenza vaccination levels among adult patients aged 65 years and older. (ON HOLD in FY 2005 due to influenza vaccine shortage).	In FY 2006, maintain FY 2005 rate for influenza vaccination levels among adult patients aged 65 years and older.	In FY 2007, assure that the rate for influenza vaccination levels among adult patients aged 65 years and older does not decrease more than 1% from the FY 2006 level.	Amy Groom, OPHS/Epi. 505-248-4226 Jim Cheek, DPHS/Epi, 505-248-4226
26. Adult Immunizations: Pneumovax: Address pneumococcal vaccination rates among non-institutionalized adult patients age 65 years and older. [outcome]	In FY 2005, maintain the FY 2004 rate for pneumococcal vaccination levels among adult patients age 65 years and older.	In FY 2006, increase the rate for pneumococcal vaccination levels among adult patients age 65 years and older to 72%.	In FY 2006, increase the rate for pneumococcal vaccination levels among adult patients age 65 years and older to 76%.	Amy Groom, OPHS/Epi 505-248-4226 Jim Cheek, OPHS/Epi 505-248-4226
Injury Prevention Group				
27. Injury Intervention: Support community-based injury prevention programs.	Web-based reporting: During FY 2005, develop a web-based data collection system to report injury prevention projects.	Web Based Reporting: During FY 2006, implement web-based data collection system to report injury prevention projects.	During FY 2007 each Area will conduct at least three community injury prevention projects and report them using the automated tracking system.	Nancy Bill, OEHE/DEHS, 301-443-0105
28. Unintentional Injury Rates: Address the number of unintentional injuries for AI/AN people. [outcome]	During FY 2005, reduce the mortality rate of unintentional injuries to no higher than the FY 2004 level.	During FY 2006, reduce the mortality rate of unintentional injuries to no higher than the FY 2005 level.	During FY 2007, assure that the mortality rate of unintentional injuries does not increase more than 1% over the FY 2006 level.	Nancy Bill, OEHE/DEHS, 301-443-0105
Suicide Prevention Measure				
29. Suicide Surveillance: Support suicide prevention by collecting comprehensive data on the incidence of suicidal behavior. [Changes to outcome in FY 2006]	During FY 2005, integrate the Behavioral Health suicide reporting tool into RPMS.	During FY 2006, establish baseline data on suicide using the RPMS suicide reporting tool.	During FY 2007, maintain baseline data on suicide using the RPMS suicide reporting tool.	Wilbur Woodis, OCPS/DBH, 301-443-6581

Developmental Prevention and Treatment Group				
<u>30. CVD Prevention: Cholesterol:</u> Support clinical and community-based cardiovascular disease prevention initiatives. [outcome]	<u>CVD Prevention: Cholesterol:</u> During FY 2005, establish the proportion of patients ages 23 and older that receive blood cholesterol screening.	During FY 2006, increase the proportion of patients ages 23 and older that receive blood cholesterol screening.	<u>CVD Comprehensive assessment:</u> During FY 2007, establish the baseline proportion of at risk patients who have a comprehensive assessment for all CVD-related risk factors.	James Galloway, PAO/Native American Cardiology Program, 928-214-3920
<u>31. Obesity Assessment:</u> Support clinical and community-based obesity prevention initiatives. [outcome]	During FY 2005, each area will increase the number of patients for whom BMI data can be measured by 5%.	During FY 2006, establish the baseline proportion of children, ages 2-5 years, with a BMI of 95% or higher.	During FY 2007, maintain the proportion of children, ages 2-5 years, with a BMI of 95% or higher at the 2006 level.	Jean Charles-Azure, OCPS/DCCS, 301-443-0576
<u>32. Tobacco Use Assessment:</u> Support local level initiatives directed at reducing tobacco usage. [outcome]	During 2005, rates of screening for tobacco use in patients will be maintained at FY 2004 rates.	During 2006, establish the proportion of tobacco using patients that receive tobacco cessation intervention.	During 2007, assure that the proportion of tobacco using patients that receive tobacco cessation intervention does not decrease more than 1% from the baseline established in FY 2006.	Nat Cobb, OPHS/Epi , 505-248-4132
HIV/AIDS Measure				
<u>33. HIV Screening:</u> Support screening for HIV infections in appropriate population groups. [outcome]	<u>Prenatal HIV Screening:</u> In FY 2005, establish the baseline number of women screened for HIV in pregnancy.	<u>Prenatal HIV Screening:</u> In FY 2006, increase the proportion of pregnant female patients screened for HIV.	In FY 2006, assure that the proportion of pregnant female patients screened for HIV does not decrease more than 1% from the FY 2006 level.	Jim Cheek, DPHS/Epi, 505-248-4226

Environmental Surveillance Measure				
4. Environmental Surveillance: Implement automated web-based environmental health surveillance data collection system in tribal systems.	By the end of FY 2005, 12 environmental health programs will have reported the regionally appropriate environmental health priorities based on current community data into WebEHRS.	By the end of FY 2006, assure that 50% more environmental health programs above FY 2005 level will have reported the regionally appropriate environmental health priorities based on current community data (a total of 18 programs in FY 2006) into WebEHRS.	By the end of FY 2007, assure that 60% more environmental health programs above FY 2006 level will have reported the regionally appropriate environmental health priorities based on current community data (a total of 29 programs in FY 2007) into WebEHRS.	Kelly Taylor, OEHE,OPHS, 301-443-1593
CAPITAL PROGRAMMING/INFRASTRUCTURE INDICATORS				
35. Sanitation Improvement: Provide sanitation facilities to new or like-new homes and existing Indian homes. EFFICIENCY MEASURE	During FY 2005, provide sanitation facilities projects to 20,000 Indian homes with water, sewage disposal, and/or solid waste facilities.	During FY 2006, provide sanitation facilities projects to 20,000 Indian homes with water, sewage disposal, and/or solid waste facilities.	During FY 2007, provide sanitation facilities projects to 20,000 Indian homes with water, sewage disposal, and/or solid waste facilities.	James Ludington, OEHE/DSFC 301-443-1046
35A. Sanitation Improvement A. During FY 2006 20% of the homes served will be at Deficiency Level 4 or above as defined by 25 USC 1632.	No indicator.	During FY 2006, 20% of the homes served by the Sanitation Facilities Construction Program funding for the backlog of needs for existing homes will be at Deficiency Level 4 or above as defined by 25 USC 1632.	During FY 2007, 20% of the homes served by the Sanitation Facilities Construction Program funding for the backlog of needs for existing homes will be at Deficiency Level 4 or above as defined by 25 USC 1632.	James Ludington, OEHE/DFSC, 301-443-1046
36. Health Care Facility Construction: Improve access to health care by construction of the approved new health care facilities. EFFICIENCY MEASURE (effective 2005)	During FY 2005, increase the modern health care delivery system to improve access and efficiency of health care by assuring the timely phasing of construction of the health care facilities. List available on CRS website	During FY 2006, increase the modern health care delivery system to improve access and efficiency of health care by assuring the timely phasing of construction of the health care facilities. List available on CRS website	During FY 2007, increase the modern health care delivery system to improve access and efficiency of health care by assuring the timely phasing of construction of the health care facilities. List available on CRS website	Jose Cuzme, OEHE/DFPC/, 301-443-8616

CONSULTATION, PARTNERSHIPS, CORE FUNCTIONS, AND ADVOCACY INDICATORS C				
Consultation Improvement Indicator				
37. Consultation Process Improvement	Eliminated effective FY 2005.	Eliminated effective FY 2005.	Eliminated effective FY 2005	Dave Byington, OTP/OD, 301-443-1104
Administrative Efficiency, Effectiveness, and Accountability Group				
38. CHS Procurement Improvement: Improve the level of Contract Health Service (CHS) procurement of inpatient and outpatient hospital services for routinely used providers under contracts or rate quote agreements at the IHS-wide reporting level.	Eliminated in FY 2005 due to the Medicare Modernization Act that makes CHS negotiated contracts obsolete. Moves to Treatment group in FY 2006.	IHS will develop a new indicator for FY 2006. Eliminated.	Eliminated effective FY 2005	Clayton Old Elk Brenda Jeanotte, ORAP/DCC, 301-443-2694
39. Public Health Infrastructure Assure appropriate administrative and public health infrastructure is in place in response to agency reorganization and accountability requirements.	By the end of FY 2005, the IHS will have completed a systematic assessment of the public health infrastructure for Headquarters in an additional three Area Offices.	Eliminated effective FY 2006.	Eliminated effective FY 2006	Nat Cobb, OPHS/Epi, 505-248-4132
40. Compliance Plans:	Eliminated in FY 2004.	Eliminated effective FY 2004.	Eliminated effective FY 2004	
41. Tribal SD Process:	Eliminated in FY 2004.	Eliminated effective FY 2004.	Eliminated effective FY 2004	
Quality of Work Life and Staff Retention Group				
42. Scholarships: Assess scholarship program for placement and efficiency. EFFICIENCY MEASURE.	During FY 2005, the IHS will increase its efficiency in placing Health Profession Scholarship recipients in Indian health settings within 90 days of graduation by 2% over the established FY 2004 baseline. Moves to Treatment Group in 2006	During FY 2006, IHS will increase its efficiency in placing Health Profession Scholarship recipients in Indian health settings within 90 days of graduation over the established FY 2004 baseline. Moves to Treatment Group in 2006	TBD	Jess Brien, OPHS/DHP, 301-443-2545

Suicide Surveillance: Suicide Reporting Form and Reports

In support of the goals and objectives of the IHS suicide prevention initiative and GPRA performance indicator, the Division of Behavioral Health directed the development of an electronic reporting system for I/T/U health care facilities to record the occurrence of suicide in the AI/AN communities they serve. The purpose was to generate accurate suicide data at the point of service that can be used at the local, Area and national levels to help focus prevention efforts, identify trends, and to determine program and funding needs.

A suicide reporting form was initially released in the RPMS Behavioral Health System (BHS) in 2003. A graphical user interface (GUI) to BHS, including the suicide reporting form, was released as a component of the IHS Patient Chart application in early 2004. The GUI format provides the user with a familiar, easy to use interface and facilitates direct provider entry of clinical information. An update to the suicide reporting form in both applications, including modifications identified by users in the field, was released in July 2005.

In order to facilitate continuity of care, improve patient safety and collect more comprehensive suicide data the suicide reporting form currently found in the RPMS behavioral health applications will soon be available RPMS-wide in PCC and the IHS Electronic Health Record. Most patients with serious suicidal ideation or attempts present first to providers in primary or emergency care. The availability of the RPMS suicide reporting form for all providers in I/T/U healthcare settings will promote standardized and systematic documentation of suicide events.

The Suicide Reporting Form

The suicide reporting form (SRF) allows clinicians to document incidents of suicide, including ideation with intent and plan, attempts and completions. It captures data related to a specific occurrence, such as date and location of act, method, contributing factors and other useful epidemiological information.

The SRF is intended to be a data collection tool for epidemiologic reporting purposes. It is **not** intended to substitute for the normal clinical documentation of suicide-related events, or to be retained as part of the official medical record. Standards of care and patient safety dictate that providers seeing patients with serious suicidal ideation, attempts, or completions should document clinical intervention and plans for follow-up in the medical record. This is done in the usual fashion by entry onto a PCC, PCC+, or MH/SS encounter form, or by electronic entry into EHR or one of the BH applications. Additionally, the PCC and/or Behavioral Health problem list should be updated accordingly. After the appropriate clinical documentation has been done a suicide reporting form should be completed for reporting purposes. A full SRF should take only two to five minutes to complete. Data elements collected on the SRF are shown in the inset.

To ensure privacy and confidentiality, the SRF menu option will be controlled by a security key. Only providers and data entry staff may enter and view suicide forms electronically. Data from completed forms, whether entered by a primary care or behavioral health provider, will reside in one RPMS suicide record file. Access to suicide form data via PCC Output suicide reports is also controlled by a security key. Suicide data can be analyzed locally through these RPMS reports and is also exported nationally to IHS National Programs and the Division of Behavioral Health. All exported data is in aggregate form and does **not** include any patient identifiers.

Paper Form

The paper suicide reporting form can be downloaded from the RPMS Behavioral Health System website (www.ihs.gov/cio/bh). This document is a one page form accompanied by detailed instructions. Facilities are encouraged to have blank copies of the form readily available in patient care and provider office areas. Completed forms are routed to Data Entry, where the information is entered into RPMS using a new data entry mnemonic (SF). Once the data has been entered into RPMS the paper suicide reporting forms, which are not part of the official medical record, do not need to be retained but instead should be shredded. Again, as an alternative to completing a paper form providers are encouraged to do direct electronic entry of suicide reporting data.

Suicide Reporting Form Data Elements	
General and Demographic	
•	Name, HRN (for local use only)
•	Local Case Number
•	Reporting Provider
•	Date of Act
•	Community
•	Relationship Status
•	Employment Status
•	Education
Act Description and Disposition	
•	Self Destructive Act
•	Location of Act
•	Previous Attempts
•	Lethality
•	Method
•	Substance Use
•	Contributing Factors
•	Disposition
•	Narrative

Exercises

1. Generate an Aggregate Suicide Data Report for the past year.
2. Generate a Suicide Report using the age and sex of the patients.
3. Generate a Suicide Report using the Selected Variables format (SGR). Use two or more variables and select a detailed listing.

IPV/DV Screening Reports in the RPMS Behavioral Health System

The RPMS IPV/DV screening exam code is available in BHS v3.0 patch 4 and the graphical user interface to BHS v3.0 which is known as BH GUI v1.5 (Patient Chart). The exam code allows the provider to document the results of domestic violence screening.

IPV/DV screening report functionality is available in BHS v3.0, Reports Menu. There are five reports total. This document describes the three most commonly used reports: DVP, DVS and SSP. These reports can be used by a behavioral health program at the local level to generate data on IPV/DV screening administered by behavioral health providers. National GPRA IPV/DV reports are done using the Clinical Reporting System (CRS) application. CRS will look at the data available in the Patient Care Component (PCC) of RPMS as well as data in BHS v3.0 if the link to PCC is on in BHS v3.0.

The user can navigate to the IPV/DV reports from BHS v3.0 patch 4 by following the menus listed below:

DE	Behavioral Health Data Entry Menu ...
RPTS	Reports Menu ...
MUTL	Manager Utilit
PAT	Patient Listings ...
REC	Behavioral Health Record/Encounter Reports ...
WL	Workload/Activity Reports ...
PROB	Problem Specific Reports ...
TABL	Print Standard Behavioral Health Tables ..
ACL	Active Client List
PGEN	Patient General Retrieval
DP	Designated Provider List
GRT	Patients with AT LEAST N Visits
ACO	Active Client List Using Case Open Date
AGE	Patients Seen by Age and Sex (132 column print)
DVR	IPV/DV Reports ...
PERS	Patient List for Personal Hx Items
PPL	Placements by Site/Patient
PPR	Listing of Patients with Selected Problems
REV	Print List of Treatment Plans Needing Reviewed
RTR	Residential Treatment Aftercare Report
SEEN	Cases Opened But Patient Not Seen in N Days
TCD	Tally Cases Opened/Admitted/Closed
TPR	Print List of Treatment Plans Needing Resolved
TSG	Patients seen in groups w/Time in Group
DVP	Tally/List Patients with IPV/DV Screening
DVS	Tally/List IPV/DV Screenings
SSP	List all IPV/DV Screenings for Selected Patients
PST	Tally/List Pts in Search Template w/IPV Screening
VST	Tally List all IPV Screenings for Template of Pts

DVP TALLY AND LISTING OF PATIENT'S RECEIVING IPV SCREENING, INCLUDING REFUSALS

This report will tally and optionally list all patients who have had IPV screening (Exam code 34) or a refusal documented in the time frame specified by the user. This report will tally the patients by age, gender, result, provider (either exam provider, if available, or primary provider on the visit), clinic, date of screening, designated PCP, MH Provider, SS Provider and A/SA Provider.

Note:

- The last screening/refusal for each patient is used. If a patient was screened more than once in the time period, only the latest is used in this report.
- This report will optionally, look at both PCC and the Behavioral Health databases for evidence of screening/refusal.

Please enter the date range during which the screening was done. To get all screenings ever put in a long date range like 01/01/1980 to the present date.

DVS TALLY AND LISTING OF ALL VISITS W/IPV SCREENING

This report will tally and optionally list all visits on which IPV screening (Exam code 34) or a refusal was documented in the time frame specified by the user. This report will tally the visits by age, gender, result, provider (either exam provider, if available, or primary provider on the visit), and date of screening/refusal.

Note:

- This report will optionally, look at both the Behavioral Health and PCC clinical databases for evidence of screening/refusal

Please enter the date range during which the screening was done. To get all screenings ever put in a long date range like 01/01/1980 to the present date.

SSP LISTING OF PATIENTS RECEIVING IPV SCREENING, INCLUDING REFUSALS

This report will list all patients you select who have had IPV screening or a refusal documented in a specified time frame. You will select the patients based on age, gender, result, provider, or clinic where the screening was done.

Please enter the date range during which the screening was done. To get all screenings ever put in a long date range like 01/01/1980 to the present date.

Tally/List Patients with IPV/DV Screening (DVP)

This report tallies and optionally lists all patients who have had an IPV screening (Exam Code 34) or a refusal documented in the specified date range.

This report tallies the clients by age, gender, result, provider (either exam provider, if available, or primary provider on the visit), clinic, date of screening, designated PCP, MH Provider, SS Provider and A/SA Provider.

Notes: The last screening/refusal for each patient is used. If a patient was screened more than once in the time period, only the latest is used in this report.

This report will optionally, look at both PCC and the Behavioral Health databases for evidence of screening/refusal.

To run the Tally/List Patients with IPV/DV Screening report, follow these steps:

1. Type DVP at the “Select IPV/DV Reports Option:” prompt.
2. A description of the report displays.
3. Type a beginning date for your listing at the “Enter Beginning Date for Screening:” prompt.
4. Type an ending date for your listing at the “Enter Ending Date for Screening:” prompt.
5. Type the number of the items which you would like tallied at the “Which items should be tallied:” prompt.
6. Type YES or NO at the “Would you like to include IPV/DV Screenings documented in the PCC clinical database?” prompt.
7. Type YES or NO at the “Would you like to include a list of patients screened?” prompt.
8. Select how you would like the list to be sorted by typing the character of the option at the “How would you like the list to be sorted:” prompt.
9. Type YES or NO at the “Display the Patient's Designated Providers on the list?” prompt.
10. Type the name of an output device at the “Device:” prompt.

11. The report is then displayed onscreen or printed.

<p>AA Jan 31, 2005 Page 1 *** IPV SCREENING PATIENT TALLY AND PATIENT LISTING *** Screening Dates: Jan 01, 2000 to Jan 31, 2005 This report includes data from the PCC Clinical database</p> <hr/> <p># % of patients Total Number of Patients screened 3 By Result NO RESULT RECORDED 1 33.3% PRESENT 1 33.3% UNABLE TO SCREEN 1 33.3% By Gender FEMALE 1 33.3% MALE 2 66.7% By Age 2 yrs 1 33.3% 37 yrs 1 33.3% 64 yrs 1 33.3% By Provider who screened BUTCHER,HANK 1 33.3% STUDENT,THIRTEEN 1 33.3% UNKNOWN 1 33.3% By Primary Provider of Visit BUTCHER,HANK 1 33.3% CURTIS,A CLAYTON 1 33.3% STUDENT,THIRTEEN 1 33.3% By Designated Primary Care Provider STUDENT,ONE 1 33.3% UNKNOWN 2 66.7% By Clinic ALCOHOL AND SUBSTANCE 1 33.3% GENERAL 1 33.3% MENTAL HEALTH 1 33.3% By Date AA Jan 31, 2005 Page 2 # % of patients Apr 01, 2004 1 33.3% Jul 26, 2004 1 33.3% Sep 13, 2004 1 33.3% By Designated Mental Health Provider NYE,PATRICIA 1 33.3% UNKNOWN 2 66.7% By Designated Social Services Provider MEARS,PRISCILLA 1 33.3% UNKNOWN 2 66.7% By Designated A/SA Provider ALLISON,ARNOLD 1 33.3% AA Jan 31, 2005 Page 1 *** IPV SCREENING PATIENT TALLY AND PATIENT LISTING *** Screening Dates: Jan 01, 2000 to Jan 31, 2005 This report includes data from the PCC Clinical database</p> <hr/> <p>DATE PATIENT NAME HRN AGE SCREENED RESULT CLINIC</p> <hr/> <p>SNOW,WILLIAM 202024 37 M 07/26/04 PRESENT ALCOHOL AND SUBST DXs: 27 ALCOHOL DEPENDENCE Primary Provider on Visit: STUDENT,THIRTEEN Provider who screened: STUDENT,THIRTEEN RATHER,MIRIAM 225255 2 F 04/01/04 GENERAL DXs: 250.00 DM TYPE 2 486. PNEUMONIA Primary Provider on Visit: CURTIS,A CLAYTON Provider who screened: UNKNOWN GUMP,FOREST 989898 64 M 09/13/04 UNABLE TO SCREEN MENTAL HEALTH Comment: COMMENT DXs: 44 ADULT ABUSE (SUSPECTED),UNSPECIFIED Primary Provider on Visit: BUTCHER,HANK Provider who screened: BUTCHER,HANK Designated Providers: CHEMICAL DEPENDENCY: ALLISON,ARNOLD PRIMARY CARE: STUDENT,ONE MENTAL HEALTH: NYE,PATRICIA</p>

Sample DVP report

Tally/List IPV/DV Screenings (DVS)

This report tallies and optionally list all visits on which IPV screening (Exam code 34) or a refusal was documented in the time frame specified by the user. This report will tally the visits by age, gender, result, provider (either exam provider, if available, or primary provider on the visit), and date of screening/refusal.

Notes: This report will optionally, look at both the Behavioral Health and PCC clinical databases for evidence of screening/refusal

This report will list/tally ALL screenings done, not just the latest one, therefore if a patient was screened twice in the time period you select, both screenings will be included in the tally and list.

To run the Tally/List IPV/DV Screenings report, follow these steps:

1. Type DVS at the “Select IPV/DV Reports Option:” prompt.
2. A description of the report displays.
3. Type a beginning date for your listing at the “Enter Beginning Date for Screening:” prompt.
4. Type an ending date for your listing at the “Enter Ending Date for Screening:” prompt.
5. Type the number of the items which you would like tallied at the “Which items should be tallied:” prompt.
6. Type YES or NO at the “Would you like to include IPV/DV Screenings documented in the PCC clinical database?” prompt.
7. Type YES or NO at the “Would you like to include a list of visits w/screening done?” prompt.
8. Select how you would like the list to be sorted by typing the character of the option at the “How would you like the list to be sorted:” prompt.
9. Type the name of an output device at the “Device:” prompt.

10. The report is then displayed onscreen or printed. See Figure 9-9 for some sample outputs.

```
AA Jan 31, 2005 Page 1
*** IPV SCREENING VISIT TALLY AND VISIT LISTING ***
Screening Dates: Jan 01, 2000 to Jan 31, 2005
This report excludes PCC Clinics
-----
# % of patients
Total Number of Visits with Screening 2
Total Number of Patients screened 2
By Result
PRESENT 1 50.0%
UNABLE TO SCREEN 1 50.0%
By Gender
MALE 2 100.0%
By Age
37 yrs 1 50.0%
64 yrs 1 50.0%
By Provider who screened
BUTCHER,HANK 1 50.0%
STUDENT,THIRTEEN 1 50.0%
By Primary Provider of Visit
BUTCHER,HANK 1 50.0%
STUDENT,THIRTEEN 1 50.0%
By Designated Primary Care Provider
STUDENT,ONE 1 50.0%
UNKNOWN 1 50.0%
By Clinic
ALCOHOL AND SUBSTANCE 1 50.0%
MENTAL HEALTH 1 50.0%
By Date
Jul 26, 2004 1 50.0%
Sep 13, 2004 1 50.0%
By Designated Mental Health Provider
patients
# % of
NYE,PATRICIA 1 50.0% UNKNOWN 1 50.0%
By Designated Social Services Provider
MEARS,PRISCILLA 1 50.0% UNKNOWN 1 50.0%
By Designated A/SA Provider
ALLISON,ARNOLD 1 50.0%
AA Jan 31, 2005 Page 1
***
*** IPV SCREENING VISIT TALLY AND VISIT LISTING 2005
Screening Dates: Jan 01, 2000 to Jan 31, This report excludes PCC Clinics
DATE
PATIENT NAME HRN AGE SCREENED RESULT CLINIC -----
-----989898 64 M 09/13/04 UNABLE TO SCREEN
GUMP,FOREST
Comment: COMMENT PECIFIED
DXs: 44 ADULT ABUSE (SUSPECTED),UNS
Primary Provider on Visit: BUTCHER,HANK
Provider who screened: BUTCHER,HANK 7/26/04 PRESENT
SNOW,WILLIAM 202024 37 M 0
DXs: 27 ALCOHOL DEPENDENCE Primary Provider on Visit: STUDENT,THIRTEEN
```

Sample DVS outputs

List all IPV/DV Screenings for Selected Patients (SSP)

This report lists all patients you select who have had IPV screening or a refusal documented in a specified time frame. You will select the patients based on age, gender, result, provider, or clinic where the screening was done.

To run the List all IPV/DV Screenings for Selected Patients report, follow these steps:

1. Type SSP at the “Select IPV/DV Reports Option:” prompt.
2. A description of the report displays.
3. Type a beginning date for your listing at the “Enter Beginning Date for Screening:” prompt.
4. Type an ending date for your listing at the “Enter Ending Date for Screening:” prompt.
5. Type YES or NO at the “Would you like to include screenings documented in non-behavioral health clinics (those documented in PCC)?” prompt.
6. Type F (Females Only), M (Males Only), or B (Both Male and Females) at the “Include which patients in the list:” prompt.
7. Type YES or NO at the “Would you like to restrict the report by Patient age range?” prompt.
8. Type an age range at the “Enter an Age Range (e.g. 5-12,1-1):” prompt.
9. Type the number of the value you would like included on your report at the “Which result values do you want included on this list:” prompt.
10. Type YES or NO at the “Include visits to ALL clinics?” prompt.
11. Type O (One Provider Only), P (Any/All Providers (including unknown)), or U (Unknown Provider Only) at the “Report should include visits whose Primary Provider on the visit is:” prompt.
12. Type O (One Provider Only), P (Any/All Providers (including unknown)), or U (Unknown Provider Only) at the “Select which providers who performed the screening should be included:” prompt.
13. Type YES or NO at the “Would you like to limit the list to just patients who have a particular designated Mental Health provider?” prompt.
14. Type YES or NO at the “Would you like to limit the list to just patients who have a particular designated Social Services provider?” prompt.
15. Type YES or NO at the “Would you like to limit the list to just patients who have a particular designated ASA/CD provider?” prompt.
16. Type L (List of Patient Screenings) or S (Create a Search Template of Patients) at the “Select Report Type:” prompt.
17. Select how you would like the list to be sorted by typing the character of the option at the “How would you like the list to be sorted:” prompt.

18. Type the name of an output device at the “Device:” prompt.

19. The report is then displayed onscreen or printed. See Figure 9-11 for a sample output.

AA Jan 31, 2005 Page 1

*** IPV SCREENING VISIT LISTING FOR SELECTED PATIENTS ***

Screening Dates: Jan 01, 2000 to Jan 31, 2005

PATIENT NAME HRN AGE SCREENED RESULT CLINIC

No data to report.

Sample SSP output

IPV/DV Exercises

1. Run a report tallying and listing clients who have received IPV/DV screening from January 1, 2005 to present. Tally by result, gender, age, provider who screened and date of screen. Include a list of all clients screened. **(PAT-DVR-DVP)**

What is the total number of clients screened during this date range? How many of the clients were positive for current abuse “Present”?

Why would it be helpful to include a list of all clients screened?

Suggestions for discussion:

- a. A list of clients screened, including the results of screening, would facilitate follow-up activities.
- b. Random peer reviews can be conducted on those clients listed with a result of “PRESENT” abuse to see if standards of care for clients with a history of IPV/DV were followed. Does the documentation reflect that the client was provided with education regarding DV, was a lethality assessment conducted, etc?
- c. Screening for domestic violence and peer reviews are JCAHO standards.

2. Run a report listing the results of screenings for female clients ages 15 – 40. **(PAT-DVR-SSP)**

Suggestions for discussion:

- a. How can you determine the percentage of “active clients” with a history of “PRESENT” IPV/DV? **(PAT-ACL)**

Case Management Tools

BHS v3.0 Data Entry module has some tools designed to help clinicians manage their caseloads. Most of these can be accessed on the main menu in PDE.

Browse Visits (BV)

Use this option to browse through all visits for this patient. This would be similar to flipping through the paper chart. This will display all visits entered through the BHS module.

```

                                Browse Behavioral Health Visits

Select one of the following:

      L      Patient's Last Visit
      N      Patient's Last N Visits
      D      Visits in a Date Range
      A      All of this Patient's Visits
      P      Visits to one Program
      S      SAN Visits Only

Browse which subset of visits for      : N// █
```

List No Show Visits for One Patient (NS)

Use this option to view the no shows for this patient within a specified time frame. Access this option through DSP, Display Record Options.

```

RD      Display Behavioral Health Visit Record
VD      Display a PCC Visit
LV      Display Patient's Last Behavioral Health Visit
LI      List Visit Records, STANDARD Output
PR      Print Encounter Form for a Visit
FC      Count Forms Processed By Data Entry
BV      Browse a Patient's Visits
LD      List all Visit Dates for One Patient
NS      List NO SHOW Visits for One Patient
SR      Staging Report for One Patient

Select Display Record Options Option: █
```

Select NS, No Show Visits; then follow the prompts.

View/Update Designated Provider List

Use this option to update and manage a provider's patient panel. You can add patients to the provider's list of patients, remove patients from the list, and review the list.

Patients with Designated Provider: STUDENT, EIGHT							
#	HRN	PATIENT NAME	DOB	SEX	LAST VISIT	PROV TYPE	
1	101023	ARMSTRONG, EZKEKIEL ROLAND	Oct 27, 1953	M	May 17, 2005	CD/OTH	
2	200111	ECKIWAUDAH, MERCEDES S J	Jul 15, 1991	F	Feb 21, 2005	MENTAL	HLTH
3	108119	FOREMAN, CLAUDINE YVONNE	Sep 24, 1987	F	Aug 22, 2005	CD/OTH	
4	200382	HALL, MICHAEL LESTER	Mar 05, 1991	M	Mar 04, 2005	MENTAL	HLTH
5	102170	HENRY, LLOYD DEWAYNE	Oct 26, 1983	M	May 10, 2005	OTHER	
6	100272	HOEHMAN, MICHAEL G	Feb 24, 1977	M	May 10, 2005	MENTAL	HLTH
7	103561	LORENTZ, AUTUMN RENNEA	Dec 18, 1981	F	May 13, 2005	MENTAL	HLTH
8	106363	NECONIE, LUKE	Jul 08, 1934	M	May 17, 2005	SOC SERV	
-----?? for more actions + next screen - prev screen-----							
RM	Remove Patient from List		CD	Change Patient's Desg Provider			
AD	Add Patient to List		AV	Create Contact Visit			
HS	Health Summary		Q	Quit			
BV	Browse Patient's Visits						

Update BH Treatment Plans

Use this option to manage treatment plans including reports of plans needing reviewed or resolved.

UP	(Add, Edit, Delete) a Treatment Plan
DTP	Display/Print a Treatment Plan
REV	Print List of Treatment Plans Needing Reviewed
RES	Print List of Treatment Plans Needing Resolved
ATP	Print List of All Treatment Plans on File
Select Update BH Patient Treatment Plans Option:	

Suicide Forms (SF)

Use this option to update, review, and print IHS Suicide forms that have been entered into the BHS module.

SFD	Review Suicide Reporting Forms by Date
SFP	Update Suicide Reporting Form for a Patient
Select Suicide Reporting Forms - Update/Print Option: <input type="checkbox"/>	

Case Management Exercises

1. Browse all the visits since January 1st made by the client designated by the trainer.
2. (DE-DSP-BV)
3. List the visit dates for the client since January 1, 2004. How would you print this simple report of her visit record? (DE-DSP-LV)
4. Your program has a policy of refusing to see a client with more than 3 no-shows in 6 months. Run the No show Report for the client. (DE-DSP-NS)
5. You would like to see the last visit of all the clients for whom you are the designated provider. When was the client's last visit? (DE – DPL)

Export Utility Menu

Use this menu to pass data from your facility to the IHS Headquarters office for statistical reporting purposes.

Important: This set of utilities should only be accessed and used by the site manager. If you are able to access to this menu, please advise the site manager immediately and do not use any of these options.

These options should be familiar to site managers. The recommended sequence for their use follows those from PCC- CHK, clean, GEN, DISP, ERRS, transmit. RGEN, RSET and OUTP should be reserved for expert use as required.

```
*****
**      IHS Behavioral Health System      **
**      Export Utility                    **
*****
                        Version 3.0

                        DEMO HOSPITAL

GEN   Generate BH Transactions for HQ
DISP  Display a Log Entry
PRNT  Print Export Log
RGEN  Re-generate Transactions
RSET  Re-set Data Export Log
CHK   Check Records Before Export
EDR   Re-Export BH Data in a Date Range
ERRS  Print Error List for Export
OUTP  Create OUTPUT File

Select Export Utility Menu Option: █
```

Generate Transactions for HQ

This routine will generate BHS transactions to HQ. The transactions are for records posted between a specified range of dates. If you type ^ at any prompt, you will be asked to confirm your entries before generating transactions.

To generate BHS transactions to Headquarters, type GEN at the “Select Export Utility Menu Option:” prompt.

Type information as requested at the prompts that follow to record each entry.

Display a Log Entry

To display a log entry, type “DISP” at the “Select Export Utility Option:” prompt and press <RETURN>.

Type information as requested at the prompts that follow and press <RETURN> to record each entry.

Print Export Log

Use this option to print an export log.

Type PRNT at the “Select Export Utility Menu Option:” prompt.

Type information as requested at the prompts that follow and press the Return key to record each entry.

Check Records before Export

Use this option to review all records that have been posted to the BHS database since the last export was performed.

Type CHK at the “Select Export Utility Menu Option:” prompt.

Note: This option will review all records that were posted from the day after the last date of that run up until two days ago.

Type the information as requested at the prompts that follow and press the Return key to record each entry.

Print Error List for Export

Use this report to review all records that have been posted to the database and are still in error AFTER the latest Export/Generation.

Type ERRS at the “Select Export Utility Menu Option:” prompt.

Note: The Check Records before Export option should have been used to determine all errors before running the generation. You may now correct these errors before the next export/generation.

Type information as requested at the prompts that follow and press the Return key to record each entry.

Exercises

- Using this sample CHK Report, view the errors and determine which would need to be corrected by the RPMS site manager.

VISIT DATE	PATIENT	HRN	PGM TYPE	ACT	TYPE
MAY 4,2005	CHASENAH,CHARLES COR	101648	M		
ERROR: E004-LOCATION OF SERVICE MISSING					
MAY 4,2005	CHASENAH,CHARLES COR	101648	M		
ERROR: E004-LOCATION OF SERVICE MISSING					
FEB 7,2005 12:00	ACUFF,DUFFY	102276	S	OUTPATIENT	11
ERROR: E023-NO AFFILIATION FOR PROVIDER					
JAN 18,2005 15:00	ADAM,PAMELA R	104312	M	OUTPATIENT	56
ERROR: E023-NO AFFILIATION FOR PROVIDER					
JAN 11,2005 11:45	BABCOCK,MARLIN A	105056	M	OUTPATIENT	11
ERROR: E023-NO AFFILIATION FOR PROVIDER					
APR 12,2005 12:00	BOYD,STEPHANIE	106583	M	OUTPATIENT	13
ERROR: E024-NO DISCIPLINE FOR PROVIDER					
APR 19,2005 12:00	VALLIERE,JESSE JR	101843	C	OUTPATIENT	12
ERROR: E024-NO DISCIPLINE FOR PROVIDER					
APR 6,2005 12:00	TAHBONE,JAMIE D	100583	C	OUTPATIENT	12
ERROR: E024-NO DISCIPLINE FOR PROVIDER					
MAY 17,2005 09:00	AHTONE,CHASE	101142	S	OUTPATIENT	91
ERROR: E023-NO AFFILIATION FOR PROVIDER					
MAY 12,2005 09:00	KAULEY,CINDY ROSE	107148	M	OUTPATIENT	91
ERROR: E019-OLD UNUSED TRIBE CODE					
MAR 22,2005 08:00	KAULEY,CINDY ROSE	107148	M	OUTPATIENT	91
ERROR: E019-OLD UNUSED TRIBE CODE					
MAY 10,2005 16:00	CULLY,MARGARET A	200603	M	OUTPATIENT	90
ERROR: E024-NO DISCIPLINE FOR PROVIDER					
FEB 14,2005 14:30	KAULEY,CINDY ROSE	107148	M	OUTPATIENT	47
ERROR: E019-OLD UNUSED TRIBE CODE					
FEB 17,2005 10:00	AHDUNKO,HORACE B	100244	O	OUTPATIENT	89
ERROR: E023-NO AFFILIATION FOR PROVIDER					

Use this sample for Exercise 1 only; exercise 2 should be the CHK Report from the training database being used for the class.

- In RPMS BHS v3.0, use the CHK report to generate a list of errors or select one error as instructed by the trainer. Access Patient Chart or RPMS to look up and correct the error.

Code	Short Description	Explanation	Correction Needed
E001	No Date of Service	The date of service is missing or invalid.	Use the edit function in the Data Entry menu to modify the date of service.
E002	DUZ (2) ASUFAC Missing	ASUFAC in the Location table for DUZ (2) is missing.	Notify your site manager or programmer. This location may have been deleted from the location or institution file.
E003	Program Code Missing	The program providing the service is missing.	Use the edit function in the Data Entry menu to modify the program code.
E004	Location of Service Missing	No location was entered for this visit.	Use the edit function in the Data Entry menu to enter the correct location.
E005	Location of Service ASUFAC Invalid	Location Pointer is Invalid.	The pointer to the location file is invalid. Notify your site manager or a programmer. A location may have been deleted from the location or institution file.
E006	No Community of Service	The community of service is missing or invalid.	Use the edit function in the Data Entry menu to modify the date of service.
E007	ST CTY COMM Code Invalid	The pointer to the community file is invalid.	Notify your site manager or programmer.
E008	Area SU COMM Code Invalid	The pointer to the community file is invalid.	Notify your site manager or programmer.
E009	No Activity Code	The activity code is missing or invalid.	Use the edit function in the Data Entry menu to modify the activity code.
E010	No Type of Contact	The type of contact is missing or invalid.	Use the edit function in the Data Entry menu to modify the type of contact.
E011	# Served less than 1	Default has been changed or number deleted.	Use the edit function in the Data Entry menu to modify the number served.
E012	Activity Minutes is Missing or 0	The activity time is missing or invalid.	Use the edit function in the Data Entry menu to re-enter an appropriate activity time in minutes.
E013	No HRN's for Patient	Health Record Number/Chart Number missing or does not exist.	The patient does not have a Health Record number on file for either the location of the visit or for the facility to which you were logged into. Verify that you are logged into the appropriate facility for which information is being entered. If you are logged into the appropriate facility, a health record number must be assigned for this patient through the Patient Registration system. <i>A temporary chart number may have been used for the patient. A permanent health record number must be assigned.</i>
E014	No sex in Patient's File	No sex has been entered for this patient.	The sex of the patient must be entered through Patient Registration.

Code	Short Description	Explanation	Correction Needed
E015	Patient Missing DOB	No DOB has been entered for this patient.	Enter the patient's missing DOB through the Patient Registration system.
E016	No Community of Residence	No current community has been entered.	This patient does not have an entry in the Current Community field in Patient Registration. Enter the missing current community in the Patient Registration system.
E017	Invalid Community Pointer	Community of Residence is missing (bad pointer).	The pointer to the community file is invalid. More than likely, a Community was deleted from the Community file. The Site/PCC Manager can correct this problem through FileMan. A community entry must be made for this patient through the Patient Registration system.
E018	No Tribe of Membership	No tribe has been entered.	No tribe of membership has been entered for this patient. Enter a valid tribe through the Patient Registration system.
E019	Old Unused Tribe Code	An old tribe code is used for this patient.	The tribe of membership for this patient is one that is no longer acceptable. Change the Tribe to a valid tribe code through the Patient Registration system.
E020	No Tribe Code	This patient's Tribe Code is missing or has a bad pointer.	The pointer to the Tribe File for this patient is bad. More than likely someone deleted a Tribe from the Tribe file. The Site/PCC Manager can correct this problem through FileMan.
E021	No Purpose of Visit	No Purpose of Visit has been entered for this visit.	Use the edit function in the Data Entry menu to re-enter/modify the Purpose of Visit.
E022	No Provider of Service	No Primary Provider has been entered for this visit.	Use the edit function in the Data Entry menu to enter the provider.
E023	No Affiliation for Provider	A provider's affiliation is missing from the Provider file.	A provider was entered into the Provider file without a valid affiliation. Use FileMan or the PCC Table Maintenance option to enter a valid affiliation for the provider. It may be necessary to contact the Site/PCC Manager.
E024	No Discipline for Provider	A provider's discipline is missing from the Provider file.	A provider was entered into the Provider file without a valid discipline. Use FileMan of the PCC Table Maintenance menu option to enter a valid discipline for the provider. It may be necessary to contact the Site/PCC Manager.
E025	No Initials for Provider	A provider's initials are missing from the Provider file.	A provider was entered into the Provider file without initials. Use FileMan of the PCC Table Maintenance menu option to enter the provider's initials. It may be necessary to contact the Site/PCC Manager.

RPMS Behavioral Health System Export

Issue: BHS export file names

With the release of BHS v3.0 (patch 4) in July 2005 it is possible that different sites within one Area will have differently named export files. The naming of the export files is dependent upon the BHS version being run at the site. Until all sites have installed the most current version and patch, the scenario exists where an Area Office may receive files for the BHS export with different names.

The table below describes how an Area may pass behavioral health data onto National Programs in Albuquerque in the event they receive BH export files, with differing names, from sites in their Area.

Sites running...	Will submit files named...	To send files to National Programs...
MH/SS v2.0 – BHS v3.0 Patch 3	AMHX	Run the BXP consolidation Process
BHS v3.0 Patch 4 or later	BHSX	FTP files to 161.223.90.33

Indian Health Performance Evaluation System

The Indian Health Performance Evaluation System was developed to provide a mechanism within Indian Health to meet the Joint Commission On Accreditation of Healthcare Organizations (JCAHO) ORYX initiative. The system is planned to also be utilized for the collection and measurement of indicators to meet the requirements of the Government Performance Results Act (GPRA). The measures within the system were developed to be specific to Indian Health populations. Performance measures will continue to be developed through an annual call for new indicators from user members, clinical advisors and quality managers.

A record of Behavioral Health Exports can be found at http://wwwdev.ihs.gov/NonMedicalPrograms/ihpes/index.cfm?module=content&option=resources&sub_cat_id=06080716

IHPES \ Behavioral Health

Alphabetical ▾

Low-to-High ▾

Sort

[▶ IHS BHS v3.0 data exports by Area](#) [▶ IHS wide BHS v3.0 data exports](#)

Reports Menu

The Reports Menu of the Behavioral Health System provides numerous options for retrieving data from the patient file. Specific patient information and tabulations of records and visits can be obtained from the database. Options are provided for both predefined and custom reports.

PAT Patient Listings...

The Patient Listings submenu contains report options for generating lists of patients by various criteria. Also included is the Patient General Retrieval option, which is a custom report that allows you to select which patients to include in the report, which items to print and how you wish the patients to be sorted.

REC MH/SS Encounter Reports...

Report options for listing various records from the Mental Health/Social Services patient file are available on the MH/SS Encounter/Record Reports Menu. Select from a standard output list, a custom retrieval tool, or a list of potentially billable visits.

WL Workload/Activity Reports...

The Workload/Activity Reports Menu presents options to generate reports related specifically to the activities of Mental Health/Social Service providers. Included are options for generating reports that categorize and tabulate activity times, frequency of activities, and primary problems requiring Mental Health/Social Service care.

PROB Problem Specific Reports...

The Problem Specific Report options concern particular problem areas of interest to IHS Mental Health/Social Service providers. In addition, reports that tabulate problems by frequency are provided.

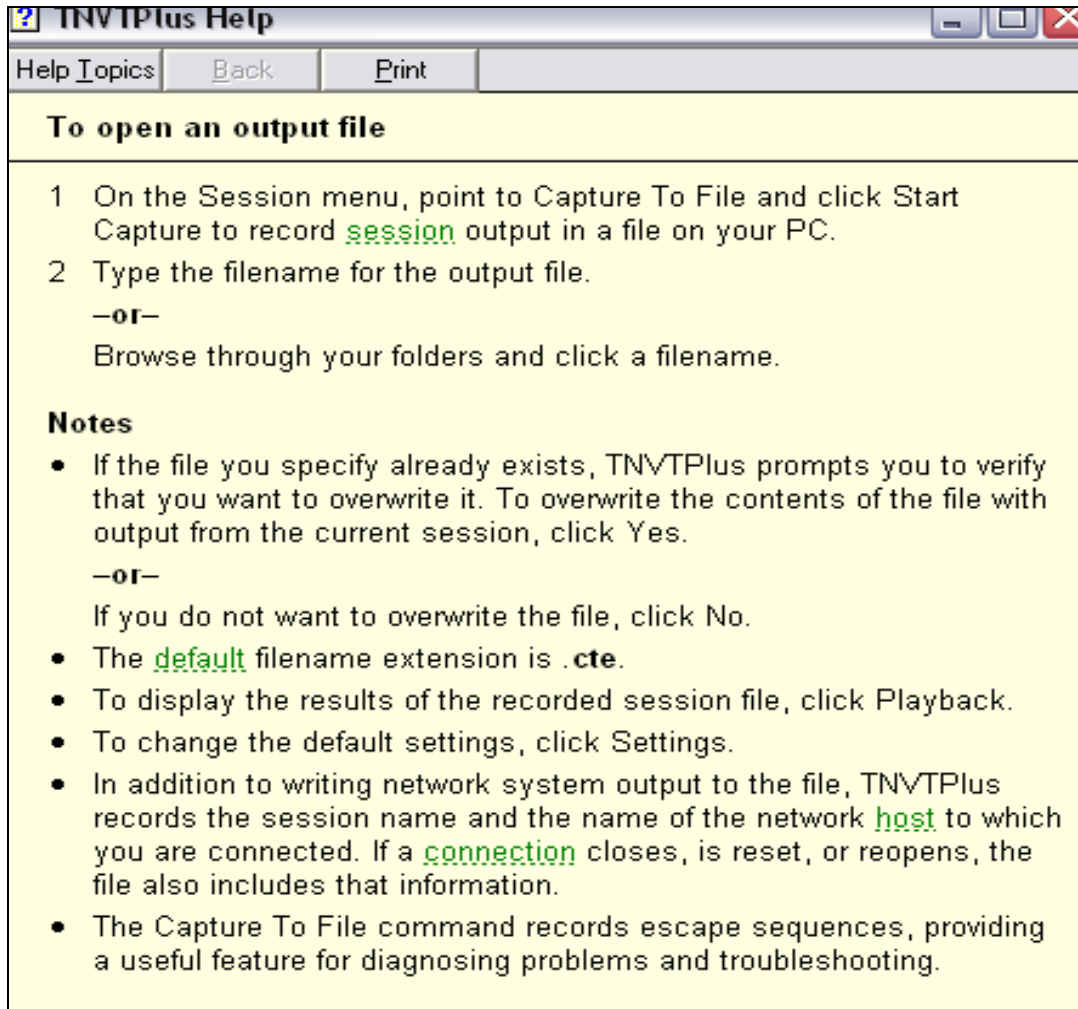
TABL Print Standard MH/SS Tables...

Use the Print Standard MH/SS Tables option to print some of the standard codes required for data entry and coding functions of the Mental Health/Social Services package – Activity Codes, Clinic Codes, MH/SS Problem Codes and the MH/SS Problem/DSM IV-TR Table.

Creating an Excel File from a RPMS Report

1. Create a report via QMan, Case Management System, or BHS GEN option.
2. Create a Detailed Patient Listing of the patients in this template in PGEN, for example – printing the patient name (1), street address (15), city (16), state (17), and zip code (18). Enter the following column widths: Name – 18; Street address – 20; City – 15; State – 8; and Zip code – 8. Sort as desired by name, zip code, etc.
3. Capture the resulting report by using the “logging” function of your terminal emulation software. When printing the report, turn on the logging function. To get a continuous report without page breaks, enter HOME;;9999 when promoted for the device. Once the report has run, turn off the session log.
4. Open the resulting file using Microsoft WORD and delete all extraneous text at both the top and bottom of the report except the columns of patient names, addresses, cities, states, and zipcodes. Save the file and close WORD.
5. Open the “clean” file in Microsoft EXCEL and read in using fixed column width. When trying to open the file in EXCEL. You will have to indicate “Type of File: All files”, in order to find the original text file. Adjust or remove column breaks as indicated in the help box.
6. You will notice that RPMS prints the patient name as LAST NAME, FIRST NAME. This can be fixed once the file has been imported into EXCEL by inserting a column to the right of the name column. On the tool bar choose the DATA tab and select the option, *Text to Columns*. By highlighting the column of names, you will “parse” the name field much as you did the original import into EXCEL, identifying the delimiter as a comma.
7. Insert a blank row at the top of the spreadsheet and in this blank row type a label over each column. You may need to expand the spreadsheet columns to type the labels, LAST NAME, FIRST NAME, ADDRESS, CITY, STATE, ZIP.
8. Save the resulting spreadsheet as an EXCEL file. Close EXCEL.

Capturing Reports in BHS v3.0



To close an output file
<ul style="list-style-type: none">▶ On the Session menu, point to Capture to File and click Stop Capture.-or-Let the output file close automatically when you close the session.• To display the results of the recorded session file, click Play Back.

It will save the data into a text file in Notepad. See sample below. You'll need to remove the extraneous information before saving and re-opening in Excel.

BEHAVIORAL HEALTH ABUSE REPORT BY AGE AND SEX VISIT DATES: SEP 02, 2003 TO SE					
PROB CODE NARRATIVE	SEX: BOTH				
	0-0	1-4	5-14	15-19	20-
2 - CHILD ABUSE (SUSPECTED),U	.	.	1	1	
2.1 - CHILD ABUSE (SUSPECTED)	.	.	5	3	
2.2 - CHILD ABUSE (SUSPECTED)	.	.	1	.	
2.3 - CHILD ABUSE (SUSPECTED)	
3 - PARTNER ABUSE (SUSPECTED)	.	.	.	1	
3.1 - PARTNER ABUSE (SUSPECTE	
4 - ADULT ABUSE (SUSPECTED),U	.	.	1	.	
5 - ABUSIVE BEHAVIOR (ALLEGED	
5.1 - ABUSIVE BEHAVIOR (ALLEG	
5.2 - ABUSIVE BEHAVIOR (ALLEG	
95.5 - ABUSE/NEGLECT OF CHILD	.	.	1	.	
-----Enter ?? for more actions----->>>					
[21;1H					

Before removing data

PROB CODE NARRATIVE	0-0	1-4	5-14	15-19	20-
42 - CHILD ABUSE (SUSPECTED),U	.	.	1	1	
42.1 - CHILD ABUSE (SUSPECTED)	.	.	5	3	
42.2 - CHILD ABUSE (SUSPECTED)	.	.	1	.	
42.3 - CHILD ABUSE (SUSPECTED)	
43 - PARTNER ABUSE (SUSPECTED)	.	.	.	1	
43.1 - PARTNER ABUSE (SUSPECTE	
44 - ADULT ABUSE (SUSPECTED),U	.	.	1	.	
45 - ABUSIVE BEHAVIOR (ALLEGED	
45.1 - ABUSIVE BEHAVIOR (ALLEG	
45.2 - ABUSIVE BEHAVIOR (ALLEG	
995.5 - ABUSE/NEGLECT OF CHILD	.	.	1	.	

After removing extra data

Then open Excel, select to open a document, change the file types to All Files, and select the document. The Wizard will be displayed and will walk you through the process of converting it to Excel format.

List Records, General Retrieval Output (GEN)

Example: You want to find all visits on which the primary provider was Mary Smith and the visit took place in either the community of San Xavier or Tucson.

MENTAL HEALTH/SOCIAL SERVICES ENCOUNTER GENERAL RETRIEVAL

This report will produce a listing of records in a date range selected by the user. The records printed can be selected based on any combination of items. The user will select these criteria. The items printed on the report are also selected by the user.

If selected print data items exceed 80 characters, a 132-column capacity printer will be needed.

Select one of the following:

S Search Template

D Date Range

Select and Print Encounter List from: D

Enter Beginning Encounter Date for search: 010195 (JAN 01, 1995)

Enter Ending Encounter Date for search: (1/1/95 - 2/25/97): JAN 01, 1995//
12/31/95 Dec 31, 1995

Helpful Hint: Dates can be entered in a variety of formats. Examples: 01/01/95, January 1, 1995, Jan 1, 1995, 1-1-95. If you exclude the year, the current year is assumed. In addition, you can enter a T for today, T-2M for 2 months ago, T-5d for 5 days ago. T-1Y for 1 year ago.

Then, subsets of records (visits) are listed. You are able to select which subset of records (visits) you need. If you do not choose any selection items, every record in the database in the date range you selected will be used. You should have a fairly clear idea ahead of time of what subset of records interest you. There are approximately 55 data items to choose from when selecting the records of interest.

Select all visits on which Provider A was the primary provider.
Select all visits on which the activity code was Administration.
Select all visits to location X.
Select all visits by patients under 10.
Select all visits on which the diagnosis was Child Abuse.
Select all visits with a type of contact of Field.
Select all visits by patients who live in the community of Sells or San Xavier.
Select all visits to San Xavier clinic that were Walk-ins and the activity time was over 30 minutes.
Select all visits on which a PCC visit was created and the type of contact was Inpatient.
Select all visits on which the number served was greater than 1.

Sample Subsets

You can use each of the 55 items in any combination to further refine what subset of visits will be used in the report.

VISIT Selection Menu

Records can be selected based upon any of the following items. Select as many as you wish, in any order or combination. An (*) asterisk indicates items already selected. To bypass screens and select all records type Q.

1) Patient Name	28) Clinic	55) Primary POV
2) Patient Sex	29) Outside Location	56) POV (Problem Cate
3) Patient Age	30) SU of Encounter	57) POV Diagnosis Cat
4) Patient DOB	31) County of Service	58) Procedures (CPT)
5) Patient DOD	32) Community of Service	59) Education Topics
6) Living Patients	33) Activity Type	60) Days Used Alcohol
7) Chart Facility	34) A/SA Component	61) Days Used Drugs
8) Patient Community	35) A/SA Type of Contact	62) Days Hospitalized
9) Patient County Resid	36) Days in Residential	63) Drug/Alc Related
10) Patient Tribe	37) Days in Aftercare	64) Staging Average
11) Eligibility Status	38) Activity Category	65) Alcohol/Sub Stage
12) Class/Beneficiary	39) Local Service Site	66) Physical Stage
13) Medicare Eligibility	40) Number Served	67) Emotional Stage
14) Medicaid Eligibility	41) Type of Contact	68) Social Stage

Partial List

Then you will be asked what information should be printed on the report.

1) Patient Name	32) SU of Encounter
2) Patient Sex	33) County of Service
3) Patient Age	34) Community of Service
4) Patient DOB	35) Chief Complaint
5) Patient SSN	36) Activity Type
6) Patient DOD	37) Activity Type Narrat
7) Patient Chart #	38) A/SA Component
8) Patient Community	39) A/SA Type of Contact
9) Patient County Resid	40) Days in Residential
10) Patient Tribe	41) Days in Aftercare
11) Eligibility Status	42) Activity Category
12) Class/Beneficiary	43) Local Service Site
13) Medicare Eligibility	44) Number Served
14) Medicaid Eligibility	45) Type of Contact

Partial List

The final step will be to select how you want the information sorted.

SORT ITEM SELECTION MENU			
The Visits displayed can be SORTED by ONLY ONE of the following items. If you don't select a sort item, the report will be sorted by visit date.			

1) Patient Name	21) County of Service	41) Days Used Drugs	
2) Patient Sex	22) Community of Service	42) Days Hospitalize	
3) Patient DOB	23) Activity Type	43) Drug/Alc Related	
4) Patient DOD	24) A/SA Component	44) Staging Average	
5) Patient Chart #	25) A/SA Type of Contact	45) Alcohol/Sub Stag	
6) Patient Community	26) Days in Residential	46) Physical Stage	
7) Patient County Resid	27) Days in Aftercare	47) Emotional Stage	
8) Patient Tribe	28) Activity Category	48) Social Stage	
9) Eligibility Status	29) Local Service Site	49) Cul/Spirit Stage	
10) Class/Beneficiary	30) Number Served	50) Behavioral Stage	
11) Patient Flag Field	31) Type of Contact	51) Voc/Educ Stage	
12) Encounter Date	32) Inpatient Dispositio	52) A/SA Recommended	
13) Appointment/Walk-In	33) PCC Visit Created	53) A/SA Actual Plac	
14) Interpreter Utilized	34) Axis V	54) A/SA Difference	

Partial List

Generating an Active Client List

1. Type [PAT] to select Patient Listings Reports and click [Enter]
2. Type [ACL] for an Active Client List and click [Enter]
3. Type a Beginning Date and click [Enter]
4. Type an Ending Date and click [Enter]
5. If you are interested in one particular provider's caseload, type [Y] and click [Enter] when asked "Limit the list to those patients who have seen a particular provider?" If you want to see the information for all providers at your clinic (or in this class), type [N] and click [Enter]
6. If you answered [Yes], type in the provider's name (last name,first) and click [Enter]
7. Click [Print] to generate a hard copy of the report, or click "Browse" to view the report onscreen
8. Follow the onscreen instructions to return to the Report Menu after completing this activity.

Generating a Treatment Plans Needing Resolved Report

1. Return to the Reports menu, type “PAT” and click [Enter]
2. Type “TPR” and click [Enter]
3. Type a Beginning Date and click [Enter]
4. Type an Ending Date and click [Enter]
5. If you are interested in one particular provider’s caseload, type in a [Y] and click [Enter] when asked “Limit the list to those patients who have seen a particular provider?” If you want to see the information for all providers at your clinic (or in this class), type [N] and click [Enter]
6. If you answered [Yes], type in the provider’s name (last name, first) and click [Enter]
7. Click [Print] to generate a hard copy of the report, or click [Browse] to view the report onscreen
8. Follow the onscreen instructions to return to the Report Menu after completing this activity.

Exercises

Patient Listings *(Use Browse instead of Print for all Reports)*

1. Browse your active client list for the current year. **(PAT-ACL)**
How many active clients have you had? _____
2. Browse a list of patients who have cases opened but not admitted and who have not been seen for at least 90 days by any provider in your department. **(PAT-SEEN)**
How many have not been seen in 90 days? _____
What is the longest time since a patient has been seen? _____
Who is the patient? _____
Why do the number of open cases and patients not match? _____
3. Find the number of cases Opened/Admitted/Closed for all providers during the current year. **(PAT-TCD).**
How many cases were closed with a disposition of “Completed Treatment, Stable”? _____

Behavioral Health Encounter Records

1. Browse a list of all visits on which the **TYPE OF CONTACT** was **OUTPATIENT**. Sort the list by **PRIMARY POV**. Use the Brief Report. What types of problems are being treated most frequently in the outpatient visits? **(REC-LIST) (Hint – Print a separate page for each Primary POV)**
2. Create a report of clients with **MEDICARE ELIGIBILITY** that have been seen by providers in your department since the first of this year. Use the brief report and print a separate page for each visit date. **(REC-LIST).**
On what date were the most Medicare-eligible clients seen?
3. Generate a total count of visits for the current year on which the **TYPE OF CONTACT** was **OUTPATIENT**. **(REC-GEN –Total Counts)).**
How many were there? _____
4. Generate a report of records during 2005 sorted by **PRIMARY PROVIDER**. **(REC-GEN-Sub counts and Total Counts).**
How many total patients were seen? _____
How many total visits were recorded? _____
5. Generate visit sub-totals by tribe for all visits in the current year. **(REC-GEN – Sub counts and Total Counts))**

6. Generate a sub-total list by Primary Provider of No-Show visits. (**REC-GEN-Sub counts and Total Counts**)

Which Primary Provider had the most No Show visits? _____

How many No Show visits were documented? _____

Workload/Activity Reports

1. Generate a concise table listing of all activities during the current calendar year. (**WL-GRS1**)
What were the main activities?
2. How many patient contacts were reported by each of the various Provider disciplines in the current calendar year? Include all visits.
(**WL-ACT**)
Why is there a discrepancy between Patients and Number Served?
3. There is an interest in how much time is being spent treating different problems for patients under the age of 19. Using **ACT**, generate a list of Problem Codes for visits by patients between the ages of 0 and 18 (use visits during this calendar year). (**WL-ACT**)

What were the problems on which most of the time was spent?

4. Produce a list of the top ten activities by category for visits this calendar year. (**WL-FCAT**)

Problem Specific Reports

1. Run each of the following reports for this calendar year:
FDSM Frequency of Problems
FPRB Frequency of Problems (Problem Code Groupings)
FPRC Frequency of Problems by Problem Category
How do the reports differ?